

**LOSS AND TRANSITION IN THE LIVES OF THE FRAIL ELDERLY:
OPPORTUNITIES FOR PASTORAL CARE**

A Professional Project

Presented to

the Faculty of the

School of Theology at Claremont

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Ministry

by

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of the School of Theology at Claremont in partial
fulfillment of the requirements for the degree of*

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Abstract

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Opportunities for Pastoral Care

by

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As the number of persons in our society live two or more decades beyond retirement age, society and the churches are facing a situation unique in history. With the increased life span, there is also an increase in the number of elderly who face loss of health and loss of function which requires assistance and a less independent life style. These later years are a time of cumulative losses in the lives of the elderly and the frail elderly especially. The losses include loss of health and function, loss of spouse and family members, loss of friends, restricted income, loss of home and loss of independence.

The focus in society and in churches has been on youth. In the aging society of today, there is a need for the increasing number of elderly to be considered in all areas of life but especially in our churches. Those of us in the Judeo-Christian heritage have an ethical mandate for diakonia (service) and in particular service to those who are forgotten and neglected by society in general. This mandate comes from Scripture, tradition, and from the example and teachings of Jesus Christ.

This project is an examination of the lives of the elderly as they experience loss and face transition. The focus is on that point in time when the aging person must make the decision to give up independent living. Included are a discussion of the disengagement that often takes place from the community of faith and what churches can do to reach out to the failing elderly, factors that lead up to the decision to move to less independent living arrangements, the decision-making process and the problems of adjustment once the move is made. All of these elements are considered from the perspective of how an intentional ministry of pastoral care by clergy and trained laity can meet the needs of these elderly persons and improve and enhance the quality of their lives. Suggestions for organizing such a ministry and study guides are included in the Appendixes.

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Table of Contents

Chapter		Page
1.	Introduction	1
	Scope of the Problem	4
	Impact of the Problem	10
	Impact on Individuals	11
	Impact on Families	15
	Impact on the Community	19
	Impact on the Church	21
	Overview of Chapters	24
2.	<u>Diakonia</u> or The Deaconhood of All Believers	27
	The Meaning of <u>Diakonia</u>	27
	Biblical Attitudes and Themes Relating to <u>Diakonia</u>	30
	Historical Overview of <u>Diakonia</u>	41
	Ethical Mandate Resulting from the Concept of <u>Diakonia</u>	44
3.	Progressive Loss of Independence in the Frail Elderly	59
	Multiple Losses of the Elderly	60
	Disengagement: Myth or Reality	77
	Homebound Elderly	80
4.	The Decision to Move from Independent Living	87
	Factors Leading to the Decision	87
	The Decision-Making Process	99

Table of Contents (con't.)

Chapter	Page
Options Available: The Continuum of Possible Living Arrangements	105
5. Pastoral Care with the Frail Elderly	112
Pastoral Care in General Terms	112
Semi-Independent Living Arrangements	127
Living at Home with Assistance	128
Shared Living Arrangements	130
Living with Family	131
Board and Care Facilities	133
Retirement Homes and Communities	135
Total Care Facilities	136
Life Care Facilities	136
Skilled Care Facilities	139
6. Conclusion and Overview	143
Appendixes	
A. Organizing a Ministry	151
B. Study Guides	154
Bibliography	157

CHAPTER 1

Introduction

Western society is an aging society. The fastest growing segments of our population are to be found in the middle old, 75-84 years, and especially the oldest old, 85 years and older. It is persons in these age brackets, especially those 85 or over, who are often classified as the frail elderly. These persons are suffering from multiple losses in their lives: loss of friends, loss of family members, loss of spouse, loss of health, and often a restriction in their income. The loss of health together with the loss of support persons in their lives are instrumental in bringing these persons to a point where the decision to give up independent living becomes necessary.

As society in general is aging, this phenomenon is reflected in our churches. Changing lifestyles, a decrease in the birth rate, and the increased life expectancy have brought about what is commonly referred to as the “graying of the church.” For as long as this writer can remember, the focus of program and ministry in churches has been aimed toward youth: Sunday School, youth ministries, and programs for young couples and young families. While all these programs are important, there needs to be a recognition on the part of clergy and congregations that there also needs to be an intentional ministry to the growing number of older persons in our churches.

Unfortunately, many older persons tend to become disengaged from their churches. As they become more physically limited, they just stop attending. Often there are physical barriers within the church that cause this to happen. It is the responsibility of the church to be aware of such barriers that affect those with limited mobility such as stairs, high curbs, dimly lit rooms and hallways, and rest rooms that are not accessible to anyone using a walker or wheelchair. There are other barriers that also affect the elderly. Inadequate sound systems that make hearing difficult and buildings that are either too hot or too cold can make it uncomfortable or difficult for an elderly person. A primary reason that many older persons stop attending church is lack of transportation. A congregation that takes these factors seriously and has a real interest in their older members can do a great deal to prevent this disengagement from taking place.

An intentional ministry by clergy and trained laity focused on the frail elderly would be invaluable. As these persons experience multiple losses in their lives, there is a great need for physical, emotional, and spiritual support. If and when the decision to give up independent living must be made, a support system would be in place. Such a support system could function in providing resources, as advocates for the person, to help facilitate the decision-making, and to aid in the adjustment to the new living arrangements. Time and work constraints make this an impossible ministry for clergy alone. There is a real need for trained laity who are committed to this kind of ministry. Therefore, based on the idea that there is a

growing number of elderly in our congregations and that many of these persons will be faced with the decision to give up independent living, the thesis of this project is that trained clergy and laity should provide pastoral care for these persons.

In order to make clear what is to be discussed in the following chapters, there are several terms that should be defined as they will be used in this context. The first term is *frail elderly*. The frail elderly are those individuals who are generally over 75 years old and many are 85 or older. They are predominantly female, widowed, and suffer from one or more limiting conditions that make independent living difficult or impossible. The second term is *pastoral care*. In this context, pastoral care means any physical, emotional, and/or spiritual support offered by a pastor or members of a congregation as representatives of Christ and the Christian community. A *caregiver* is one who provides needed help and support to another. *Physical support* is any aid provided a person to enables that person to function at an optimum level. In this context, *emotional support* is in relating to a persons in a way that recognizes their worth as unique individuals, respects their feelings, and insures their dignity and self-respect. *Spiritual support* deals with the meaning of life, hope, and issues of faith. This kind of support can be offered in several ways. It is present when we worship, share in the sacraments, and pray together. It is offered when we are there for someone in Christ's name, the ministry of presence. We can support someone spiritually by

listening, really listening, to their thoughts and feelings. It is in the area of spiritual support that the church has a particular role to play that differs from other organizations and institutions that provide services to the elderly.

Scope of the Problem

From what has already been said, it should come as no surprise to any of us to realize that the elderly are the fastest growing segment of the population. For example, in 1985, about 2.1 million people marked their sixty-fifth birthday (5,600 a day). In the same year, 1.5 million persons 65 or older died. This represents a daily increase of 1,540 elderly Americans.¹ Between 1900 and 1985, those in the age range 65-74 increased in number almost eight times. Those in the age bracket 75-84 increased eleven times and those 85 and over, the oldest old, increased twenty-two times.² In the years from 1960 to 1982, this segment of the population called the oldest old, 85 or older, increased 165 percent.³ In 1985, there were about 17 million persons in the United States between 65 and 74, an increase of seven percent from 1980. There were 8.8 million persons between 75 and 84, an increase of twelve percent. In the 85 and over segment of the population, the

¹ Stephen Sapp, Full of Years: Aging and the Elderly in the Bible and Today, (Nashville: Abingdon Press, 1987), 29.

² Sapp, .29.

³ James W. Ellor et al., "Wholistic Theology as a Conceptual Foundation for Services to the Oldest Old," in Spiritual Maturity in the Later Years, ed. James J. Seeber (New York: Haworth Press, 1990), 101.

increase was the largest at nineteen percent bringing this group to about 2.7 million persons.⁴

Statistically, it becomes apparent that the oldest old, 85 or older, are the fastest growing segment of the population and this growth is expected to continue. During the twenty years between 2010 and 2030, the survivors of the post World War II baby boom will pass their sixty-fifth birthdays. Those remaining of the 76 million babies born between 1945 and 1964 will then range in age from sixty-five to eighty-five.⁵ In terms of this project, it is clear that this is a situation that will continue to impact the church for decades to come. An additional factor that impacts the issues being discussed in this project is that “the potential for someone who is over the age of 85 to have physical disabilities, is greater than for any other age group.”⁶

There are several related issues that further limit the population we are considering in this project. As mentioned earlier, persons in their older years suffer a number of losses. While it is true that persons of all ages experience loss, the difference for the elderly is that their losses may well be permanent. So, losses for the frail elderly have an especially serious impact on their lives and often on their

⁴ Sapp, 29.

⁵ Alan Pifer and Lydia Bronte, “Introduction: Squaring the Pyramid,” in Our Aging Society: Paradox and Promise, eds. Alan Pifer and Lydia Bronte (New York: W.W. Norton, 1986), 5.

⁶ Ellor et al., 102.

ability to function. Another significant point is that a number of persons in this oldest age range live alone. There are only forty men for every one hundred women among the oldest old.⁷ Also, in this age bracket, only about two out of five men are married and only one out of sixteen women are married.⁸ Persons living alone are more vulnerable to the problems associated with progressive functional disabilities and to the difficulties involved in recuperating from a serious illness. Either of these factors may make living alone difficult if not impossible.

Another factor that has a bearing on maintaining an independent life style is economic status. Circumstances often force the elderly to live in impoverished conditions. In 1984, about one in five older persons had an income under \$5000 a year (approximately the poverty level as defined by the Census Bureau) and the proportion of those over 85 with incomes under the poverty level was almost twice as high as those in the 65-74 bracket.⁹ There are numerous results of these economic problems. These persons may be living in homes or apartments that are substandard at best and possibly unsafe or dangerous. Their homes may also be in areas that are not safe which could limit their freedom to come and go, leading to isolation. Their nutrition is probably suffering which affects their health and,

⁷ Ellor et al., 101.

⁸ Ira Rosenwaike, with Barbara Logue, The Extreme Aged in America (Westport, Conn.: Greenwood Press, 1985), 95.

⁹ Douglas C. Kimmel, Adulthood and Aging: An Interdisciplinary, Developmental View, 3rd ed. (New York: John Wiley & Sons, 1990), 480.

furthermore, they may not be able to afford proper medical care. There is no question that financial problems can have a direct impact on their ability to live independently. A further consideration is that they may not be able to afford services available in the community that would enable them to remain in their homes.

There are several other factors that have a place in this discussion. A brief mention of these factors is in order. One such factor is location. Whether a person lives in a rural or urban/suburban environment affects how the person can manage to live independently. Services that aid a person to stay in his/her own home are frequently not available in rural areas. Distances (for shopping, medical care, etc.), lack of transportation, and a greater degree of physical isolation cause the rural elderly to be particularly vulnerable.

Number, age, and availability of children, other family members, or some kind of support network, are also factors. In a National Health Interview Survey conducted in 1979-1980, it was reported that about 2.7 million Americans over sixty-five living in the community need functional assistance from another person for selected personal care or home management activities. The breakdown by age is: seven percent between 65 and 74, sixteen percent between 75 and 84, and thirty-nine percent of the 85 years old or older group.¹⁰ This function is often

¹⁰ Cited in Sylvia Sherwood and Ellen Bernstein, "Informal Care for the Vulnerable Elderly: Suggestions for Church Involvement," Journal of Religion and Aging 2, nos. 1-2 (Fall 1985/Winter 1985-86): 56.

performed by the children, but friendship networks can effectively complement family networks.¹¹ “Geographic proximity seems to be more important than blood relationship. Those who are separated from potential helpers by mobility or distance may have significant unmet needs that prevent them from living a full life.”¹² When considering the situation of the oldest old, we need to remember that not only do many of them need more informal care, but their children may well be older, their friends are also very elderly or are deceased, and they may not have a support system to help them maintain independent functioning.

There are two ways in which the health care system affects independent living of the elderly. The first is: “the passivity of the health system and the stereotypes of ageism can lead to instances where diseases progress undetected in elders, increasing the chances of prolonged disability and permanent function loss.”¹³ All too often, medical personnel assume that the complaints of the elderly are just normal age related complaints and neglect to investigate the cause behind the complaint. The second way in which health care impacts independent living also involves health care professionals. In a health care setting, it is often a professional person, a doctor or social worker, who determines that an elderly person can no longer live independently and recommends nursing home

¹¹ Sherwood and Bernstein, 60.

¹² Sherwood and Bernstein, 60.

¹³ Sherwood and Bernstein, 57.

placement.¹⁴ The family, either because of respect for authority or because of time constraints, makes little or no investigation of other alternatives.

As mentioned, there are a number of factors that impact the ability of the elderly to function in an independent life style. Although what we think of as the elderly includes all those sixty-five and over, we have to take into account that we are actually dealing with a twenty to thirty year time span. We are not discussing a homogeneous population. There are many elderly, even in the oldest old group who manage to live independently with minimal support. There are some in the young old group, 65-74, who need major help or who cannot live independently. Based on the information at hand, however, we need an overview of the population being considered in this project. The most vulnerable elderly are those over seventy-five, and predominantly those eighty-five and over. There are more than two times as many women as men. They are widowed and live alone. Many live in rural areas. Often, they have very restricted incomes. Most importantly, however, they have one or more functional disabilities or serious illnesses. They may be persons who have gradually become frail and are no longer able to function independently, or there may be a crisis in the form of a sudden accident or illness. It may even be a result of both. The frail elderly are more prone to accidents. The result is a reduced functional status, their capacities and

¹⁴ Mary Jane Van Meter and Patricia Johnson, "Family Decision Making, Long-Term Care for the Elderly, and the Role of Religious Organizations: Part II, A Review," Journal of Religion and Aging 1, no. 4 (Summer 1985): 60.

capabilities are no longer adequate for their environmental expectations and conditions.¹⁵

Impact of the Problem

There are four areas that need to be considered in any discussion of the frail elderly. First, we need to think about the effect of advanced age and increased frailty on the elderly person. Then we need to consider the family. In most cases, the family takes a great deal of responsibility for the welfare of the elderly person. What impact does this responsibility have on the family as a whole? The third area we need to be aware of is the community. What services does a community have that will assist in the care and support of the frail elderly? Finally, and of particular interest in this project, is the effect of the growing number of elderly on and in the church. Aging congregations make it necessary for churches to reevaluate their facilities, services, and ministry. Churches, including both clergy and laity, also need to reach out to those who are at risk of becoming disengaged and perhaps even forgotten. These factors require real consideration and the implementation of an intentional ministry for and with the elderly. The church is in a unique position of being able to offer meaning and spiritual support to individuals who are perhaps more in need of them than at any other point in their lives.

In America, childhood is romanticized, youth is idolized, middle age does the work, wields the power and pays the bills, and old age, its days empty of purpose, gets little or

¹⁵ Sherwood and Bernstein, 56.

nothing for what it has already done. The old are in the way, an ironic example of public-health progress and medical technology creating a huge group of people for whom survival is possible but satisfaction in living elusive.¹⁶

Impact on Individuals

In the above statement, Robert Butler paints a rather depressing picture of old age. For many of the elderly, unfortunately, it is a fairly accurate picture. As has been mentioned, old age is a time of transition and loss for the elderly person. They have lost their parents and other older family members. Many have lost siblings. Most women, in particular, are widowed by the age of seventy.¹⁷ Some have lost children or have never had any. For many elderly persons their friends are either elderly as well or are deceased. So, for many, their support systems have become quite small. For those whose identity was tied up in their life's work, career or occupation, these years after retirement are a time where there is a feeling of loss of status and loss of worth. They no longer have a clearly defined role, or even an essential one to give them prestige.¹⁸ Loss of health is also a major problem. Chronic health problems are more common in this older age group. Nearly two out of five have high blood pressure and more than one out of four have impaired hearing, heart conditions, or arthritis. Over fifty percent of

¹⁶ Robert N. Butler, Why Survive? Being Old in America (New York: Harper & Row, Torchbooks, 1975), xii.

¹⁷ Cedric W. Tilberg, Revolution Underway: An Aging Church in an Aging Society (Philadelphia: Fortress Press, 1984), 22-23.

¹⁸ Sapp, 36.

those over seventy-five are limited in some activities because of some chronic health condition. Of those 85 and older, one in three needs help with routine daily tasks and one in four needs help walking or going outside.¹⁹

As mentioned before there is often a restriction of income for persons in these older age brackets which makes it difficult for them to make plans and decisions about their futures. Their choices are limited. Making major changes in one's life style can be difficult at any age, but for the elderly, it can be more traumatic. Chances are, these transitions are to a less independent style of living. For many, the fear of being alone is enough for them to make a move. But for others, the fear of being a burden to loved ones or the fear of being cared for by strangers is so much stronger that they will attempt to function alone even when it is dangerous for them to do so. The transition to a less independent way of living is one of the hardest transitions they must face. "People often have deep emotional attachments with their home."²⁰ Besides just the home itself, it is a matter of having to part with many of one's personal possessions. Memories are tied up in home and possessions, and that makes giving them up very difficult.

¹⁹ Thomas B. Robb, "A Quick Look at Later Life in Relation to the Church," in Older Adult Ministry: A Resource for Program Development, eds. James A. McDaniel, Thomas B. Robb, and Lorraine D. Chiarentone (Atlanta: Presbyterian Publishing House, 1987), 31.

²⁰ R. Scott Sullender, Losses in Later Life: A New Way of Walking With God (New York: Paulist Press, 1989), 151.

While this all sounds very grim, there are two things that need to be remembered. We are not dealing with a homogenous population. Individuals are unique. Note the extreme aged person who is alive and vital despite limiting physical conditions and having coped with many losses in their lives. And, there are those as well who suffer from depression and despair despite relative good health. The elderly cannot be seen as a collection of persons who are alike just because they are in the same age range. Just as each of us has our own needs, hopes, dreams, and ways of reacting, so do those living to an advanced age.

The second thing to remember is that despite the known losses and limitations, there are some capacities that increase with age. “Language skills, vocabulary usage and those disciplines closely associated with meaning making, such as law, philosophy, and theology develop across the life span.”²¹ The fourth quarter of life (ages 75 to 100) offers an opportunity for the individual to engage in “meaning making.”²² According to William Clements: “A person’s desire and ability to make sense out of their existence, to draw together an understanding of a meaningful life trajectory, is best done in the fourth quarter of life.”²³ Due to their

²¹ William M. Clements, “Spiritual Development in the Fourth Quarter of Life,” in Spiritual Maturity in the Later Years, ed. James J. Seeber (New York: Haworth Press, 1990), 66.

²² Clements, “Spiritual Development,” 60.

²³ Clements, “Spiritual Development,” 66.

life experiences and particular sense of time, he considers the developmental task for the period in the life span to be that of “spiritual development.”²⁴

Along these same lines, Erik Erikson in his theory of human development breaks the life cycle into eight stages. Each stage represents a crucial turning point in the life of the individual. Each of the eight stages in this concept “represents a struggle between two conflicting tendencies, each of which is experienced by the individual.”²⁵ In Erikson’s scheme, each stage is marked by a tension between two or more opposing forces. This struggle is both conscious and unconscious, both psychological and social. The result of the struggle is a “synthesis that represents the basic human strengths: *hope, will, purpose, competence, fidelity, love, care, wisdom.*”²⁶ The eighth stage is brought about by the awareness one’s life will end. It is the time to evaluate one’s life and accomplishments. The opposing tendencies at work are integrity which affirms that one’s life has had meaning, and despair or disgust which comes out of the feeling that one’s life was meaningless or wasted. The successful struggle between these two tendencies results in wisdom.²⁷

Therefore, we can see that despite the problems associated with advanced age, there is still opportunity for creativity and a positive way of pulling one’s life

²⁴ Clements, “Spiritual Development,” 56.

²⁵ See Kimmel, 14.

²⁶ Kimmel, 14-15.

²⁷ Kimmel, 16-17.

together. Any ministry to the frail elderly should certainly keep in mind the difficulties these persons experience, but it should also keep in mind the constructive features that can also be a part of this age. It is an important part of such a ministry to aid the elderly person in problem solving and decision making. But, it is equally important to allow and enable the person to bring together the threads of his or her life and to make meaning out of all these experiences. As we have seen, this is a process of spiritual development and growth as well as a path to wisdom. This process can only be enhanced by an deepening of one's faith and an experience of God's love through care and nurture by a representative of the religious community, the church.

Impact on Families

There are several ways in which the family of an elderly person can be impacted. In the case of a couple, when one of them becomes frail and needs help, it is usually the spouse who is the caregiver. As the situation continues, the couple tends to become interdependent sometimes to the exclusion of other interests. There can be a high degree of strain on the caregiving spouse and the health of the spouse might be affected.²⁸ In some instances, the caregiving spouse may become so debilitated, that he or she requires care as well. Siblings, brothers and sisters, are also an important source of support for the elderly, especially when they are

²⁸ Kimmel, 235.

widowed or have never been married. When there are no children, a niece or nephew often keeps in close contact with the older person.²⁹

“Contrary to the myth that older persons in the United States are isolated and neglected by their family, there are close ties within the kinship network between most older people and their children.”³⁰ Therefore, it follows that when an elderly person needs assistance, it is often the children who are the providers. The responsibility for parent care is frequently assumed by a daughter or daughter-in-law.³¹ Since most women today work as well as care for a home and family, this represents an additional responsibility on top of work and family demands. It has been found that working daughters and daughters-in-law provide the same amount of help with household tasks such as shopping, transportation, money arrangements, and services as non-working daughters. They also provide the same amount of emotional support. Working daughters, however, tend to pay for such services as personal care and cooking that non-working daughters provide.³² Often the caregiver is also advanced in age and may have more than

²⁹ Kimmel, 234.

³⁰ Kimmel, 233.

³¹ Barbara F. Turner, “Sex-related Differences in Aging,” in Handbook of Developmental Psychology, ed. B. B. Wolman (Englewood Cliffs, N.J.: Prentice-Hall, 1982), 930, as cited in Kimmel, 234.

³² Kimmel, 236.

one elderly person that requires help at the same time. This can be a cause of stress on the family.

There are two ways in which the care of an elderly person by his or her family can do more harm than good. The first is in being over-protective. It sometimes happens that despite love and the right motives, the parent-child roles become reversed. In such cases, the children of the elderly person behave toward the parent as they would toward a young child. This serves to limit the ability of the older person to function up to capacity as well as causing resentment and anger. Out of the resentment and anger comes a feeling of guilt in the older person for not being grateful for the love and care of their child or children. There are certainly some instances when a protective attitude is appropriate as when the elderly person has some cognitive impairment or a seriously limiting physical condition. However, such an attitude if the parent is alert and reasonably healthy can only serve to demean and demoralize the parent. Dignity and self-esteem are damaged. This is a difficult situation for a person who is struggling to make sense and meaning out of his or her life.

The second way that caring for an elderly person can do more harm than good is abuse of the elderly person by the caregiver. While this is one of the hidden crimes because it so often is unreported, it is an issue that has come to public attention more often in recent years.

Domestic abuse of the elderly by families, relatives, and other caregivers has recently been viewed as a serious social

problem, perhaps because of the rapid increase in the numbers of "old-old," vulnerable individuals in our population

The typical abused elderly person is depicted as age 75 or over, female, and dependent on others for care and protection.³³

Another study by Phillmer and Finkelhor in 1988, which was a random sample study of 2020 community-dwelling elderly, found the abuse rate to be 32 out of 1000 persons. There were roughly as many man as women abused and the spouse was the most frequent perpetrator.³⁴

Even without any real data, one has to assume that some cases of abuse where the spouse is the perpetrator have nothing to do with the age or the condition of the victim. This may have been a lifelong pattern of behavior. However, in other cases, the abuse may well be a result of an inability to cope with the strain of caring for a dependent elderly person. In either case, intervention is needed. Perhaps respite care or day care that allows the caregiver some time away from responsibilities might help. Another option might be assisting in the removal of the elderly person from that situation. Perhaps the family needs help in exploring alternate living arrangements and further help in the decision making process. An ongoing ministry could help in these areas. In order to be effective, an intentional ministry to the elderly needs to consider the family situation as well as the situation of the elderly person.

³³ Elyse Salend et al., "Elder Abuse Reporting: Limitations of Statutes," Gerontologist 24 (1984): 61, as quoted in Kimmel, 504-05.

³⁴ Karl Phillemer and David Finkelhor, "The Prevalence of Elder Abuse: A Random Sample Survey," Gerontologist 28 (1988): 51-57, cited in Kimmel, 505.

Impact on the Community

The impact of an aging population on the community is the next issue we have to consider. The community and society in general are being impacted by the growing number of elderly citizens. The demands for services designed for the elderly are increasing. The need for safe, inexpensive housing that will accommodate some limitations in mobility is growing and will continue to grow. There is an increasing need for quality nursing homes as the number of persons living past the age of eighty-five increases. There are many needs that the elderly have in order to maintain some independence and to have a good quality of life. There are agencies and organizations that help to meet these need even though they are not completely adequate to meet all the needs and it is difficult to monitor the quality of the service.³⁵ The following is a listing of services available in some communities for home health care:

Social work services

Visiting nurses for help with acute and chronic illness

Homemaker-home health aids to cook, coordinate shopping, provide companionship

Meals on Wheels that delivers a hot meal several days a week

Telephone reassurance service - a daily phone call at a set time to check on the person

Escort and transportation services to appointments, church meetings, etc.

Chore service for minor repairs and household tasks

Friendly visiting for companionship on a regular basis

Occupational and physical therapy services.³⁶

³⁵ Kimmel, 494.

³⁶ Barbara Silverstone and Helen Kandel Hyman, You and Your Aging Parent: The Modern Family's Guide to Emotional, Physical, and Financial

There are also services out in some communities for those who are able:

- Congregate meals at senior centers, churches, etc.
- Senior centers that provide a variety of activities
- Transportation services - either at a reduced cost or provided by volunteers
- Legal services at reduced cost or no charge
- Day hospitals and day-care centers that provide a broad range of services.³⁷

These lists of services sound impressive and they do help a number of elderly to remain in independent living situations, but even at reduced cost, they are prohibitive for those on severely restricted incomes and many of these services are not available in all communities. There seems to be at least three roles a church involved in ministry to the elderly could be involved in. The first would be to provide a referral service for the elderly or their caregivers. This would involve keeping track of what services are available in the local community and the procedures for applying for the services. Besides being aware of what services are available, additional assistance in obtaining the needed services would be helpful to the elderly person. This might include helping with the application process, filling out forms, contacting the right people, etc. The second role would be for the church to act as an advocate for the elderly in encouraging the community or organizations within the community to establish needed services. An additional part of being an advocate would be to help monitor the quality of service provided. Besides functioning as an advocate for the elderly, the church can and should

Problems (New York: Pantheon, 1982), 187-95, as cited in Kimmel, 493-94.

³⁷ Silverstone and Hyman, 193-96, as cited in Kimmel, 495.

encourage and empower the elderly to act on their own behalf. The increasing population of elderly in a community can have social and political influence in obtaining needed services. They may need encouragement to take such an active role. Finally, the church itself could provide some of the services that either are not available or are too costly for the older adults in that area. Such things as chore service, telephone reassurance service, transportation, and visiting could be done with just a few volunteers. More extensive projects might include providing congregate meals or setting up a day-care center. Historically, churches have been active in building and operating quality retirement facilities and there is a great need for more of this type of housing. There are any number of opportunities open for congregations who are involved in ministry with the elderly. Once the needs of the elderly in the community are identified, the community of believers, the church, can help answer those needs.

Impact on the Church

Finally, the impact of the aging population on the church must be examined. All we have to do is look around us in the pews and we can see the impact. Statistics are available that confirm what we see and may even be surprising. The following chart indicates what a growing issue this is in many denominations today. In the fourteen denominations listed in the chart, twelve of them have higher percentages of persons over fifty-five than in the ages between

thirteen and twenty. This chart appeared in Leadership magazine in the Fall of 1990.

Percentage of Members by Denomination³⁸

	55 years+	13-20 years
American Baptist	26.5	9.6
Assemblies of God	14.4	18.0
Christian Church/Church of Christ	24.8	12.4
Christian & Missionary Alliance	14.6	8.8
Christian Reformed	16.8	11.2
Church of the Nazarene	22.7	13.2
Disciples of Christ	43.8	8.5
Evangelical Lutheran Church in America	20.2	5.9
Free Methodist	18.5	14.9
Lutheran Church - Missouri Synod	18.8	10.2
Nondenominational	15.3	13.6
Presbyterian Church (U.S.A.)	41.7	7.6
Southern Baptist	13.0	13.1
United Methodist	40.9	11.4

As the chart indicates, the church is indeed “graying.” Even though all denominations are not listed, it is probably safe to assume that this trend is prevalent in the church as a whole. Obviously, this is a very real issue in the church today and in the area of pastoral care in particular. Within a few years, a high percentage of most congregations are going to be facing the problems of physical decline and reaching the point where the decision to give up independent living must be considered. Active ministries need to begin now to help members of the congregation deal with their aging parents and with their own aging. An intentional program of viewing the aging process within a Judeo-Christian context

³⁸ Win Arn and Charles Arn, “Riding the Wave of Silver and Gray,” Leadership 11, no.4 (Fall 1990): 112.

would help mitigate some of the spiritual, psychological, and social ramifications of the losses of later life. According to Cedric Tilberg: “The church has a tremendous potential to teach, by precept and example, that life is a continuum — that each successive stage from birth to death has its own significance as part of the whole span.”³⁹

Besides dealing with the actual subject of aging, providing pastoral care to the elderly, and establishing a viable lay ministry, the church needs to consider how the elderly are included in the worship and administration of the church now. The elderly should be included in the planning of worship and in the worship service. Just because someone retires is no reason to retire them from church offices. All too often the young old person, 65-74, is mistakenly taken out of positions of responsibility in the running of the church because it is felt that they have already contributed so much. The church is losing a valuable asset and the individual is given one more reason to feel useless and without an identity. Often, a person has fifteen or twenty years of good health and the ability to accomplish great things after retirement age. They also have the time. Persons of all ages should be encouraged to participate in the life of the church and the congregation. We are all called to ministry and that does not end with retirement. Besides, keeping a person involved with God’s work in the church or acting for the church in the community, it is a wonderful way to help them feel a connectedness that

³⁹ Tilberg, Revolution Underway, 53.

may go a long ways in preventing disengagement when health and function begin to fail.

Overview of Chapters

There is a great need for a deliberate ministry with the elderly. For too long, it has been an occasional act by clergy or laity who care. There are so many issues to consider with the elderly that there is no way to cover them in one project. This particular project will attempt to cover the issues of pastoral care with the frail elderly and will focus in particular on that point in time when the decision to give up independent living must be made. It is this author's opinion that the loss of independence along with the loss of home are among the most difficult losses an older person has to face. According to Ellen McKay in evaluating a study involving questionnaires being sent to 1000 persons over sixty, "health and housing were major concerns of older people."⁴⁰

The subject of diakonia or "service" is the subject of Chapter 2. Included in this discussion is the meaning , the biblical concept, a historical overview, and an ethical mandate issuing from diakonia. Within the ethical mandate is a discussion of those factors in our society that run counter to that mandate such as individualism, indifference, and ageism. Also, the way in which this mandate relates to serving the elderly is examined.

⁴⁰ Ellen C. McKay, "Parish Ministry and the Elderly: Perspectives of Pastors and Senior Parishioners," Journal of Religion and Aging 3, nos. 3-4 (Spring/Summer 1987): 128.

Chapter 3 deals with the progressive loss of independence in the frail elderly, and their multiple losses are considered. The issue of disengagement is examined including those factors leading to disengagement, ways and means to counter disengagement, and pastoral care to those who are particularly vulnerable to withdrawing. Along with this discussion, the situation of the homebound elderly is explored. This includes a consideration of the the underlying causes of an elderly person becoming homebound, the special needs of a person who is homebound for whatever reason, and an investigation of appropriate pastoral care to those who find themselves in this situation.

In Chapter 4, the discussion involves various aspects involved in the decision to give up independent living. The factors precipitating this decision are examined from several perspectives. The decision making process itself is explored. This includes the roles of the elderly person, the family, and the pastoral caregiver in the decision making process. There are a number of options available to the elderly person once this decision is made. Included is a discussion of these options and a consideration of some strengths and weaknesses of each type of living arrangement.

Chapter 5 offers some general guidelines and suggestions for pastoral care to all elderly. Pastoral care to individuals in semi-independent living arrangements and total care facilities are highlighted in the discussion. Included is a consideration of the effects these living arrangement have on the individual and

how pastoral care can facilitate a healthy adjustment as well as keeping the individual as an integral part of the church family. Chapter 6 is a conclusion and overview.

Appendix A includes practical guides for establishing a lay ministry to engage in pastoral care to the elderly. In this section are ideas on recruitment, training, and support and reinforcement of volunteers. Appendix B provides a brief study guide for each chapter as well as suggestions for special projects to enhance the training process of a lay pastoral care team to work with the elderly.

CHAPTER 2

Diakonia or The Deaconhood of All Believers

The Meaning of Diakonia

The word deacon comes from the Greek word diakonia which means servant, attendant, minister.¹ In a very real sense this word, diakonia, is the key word in the New Testament for the ministry of the church, and the word servant is the primary word for those who exercise ministry.² According to the World Council of Churches: “The term diakonia must be broad enough to encompass the active concern of God for the relief of suffering, for meeting the needs of individuals, and for establishing a life of justice and dignity for all his creatures.”³ This report by the WCC goes on to say that “diakonia involves both service and social action” and that the diaconal function applies as well to individual Christians as it does to the institution of the church.⁴ Therefore, diaconal activity

¹ M. H. Shepherd, Jr., “Deacon,” in The Interpreter’s Dictionary of the Bible, vol. 1, ed. George Buttrick et al. (Nashville: Abingdon, 1962), 785.

² Rosemary Skinner Keller, Gerald F. Moede, and Mary Elizabeth Moore, Called to Serve: The United Methodist Diaconate, eds. Rosalie Bentzinger et al. (Nashville: United Methodist General Board of Higher Education and Ministry, 1987), 16.

³ World Council of Churches, The Role of the Diakonia of the Church in Contemporary Society (Geneva: WCC, 1966), 16. (Originally presented in a Report to the World Conference on Church and Society, 1966: “Christians in the Technical and Social Revolutions of Our Time.”)

⁴ WCC, 33.

is an expression of love and justice flowing from the life of Christ which finds expression both within the church and in cooperative activities in society.⁵ Basically, then, diaconal activity is ministry based on love and justice based on God's redemptive love for all and on the life of Christ as the incarnation of God's love and as a model for us to emulate. It is a ministry within and outside the church and is a ministry of the corporate church and for each of us as individual Christians.

There may be some confusion about this discussion of diakonia and diaconal activity for those in denominations who have the office of deacon. In several denominations, there are ordained deacons some who will ultimately be ordained elders or priests. Some have an ordained diaconate whose lives are committed to serving God and Jesus Christ in this world, but will remain deacons. Other denominations have lay offices of deacon who engage in specific ministries in worship, education, and/or visitation but who are not ordained. What we are considering here, however, is the ministry of service to which all Christians are called. This is a ministry that is grounded in the church. It is not a "solitary and private exercise. Ministry in all its forms emerges from the community of believers and is sustained and tested by that community."⁶ "Christian diakonia tends to have

⁵ WCC, 20.

⁶ F. Thomas Trotter, foreword to Called to Serve: The United Methodist Diaconate, by Rosemary Skinner Keller, Gerald F. Moede, and Mary Elizabeth Moore (Nashville: United Methodist General Board of Higher Education and Ministry, 1987). 5.

a distinctive character, flowing as it does from a life committed to Christ, empowered by his Holy Spirit, informed by his word, made loving through prayer, and made humble through Christ-like service.”⁷ There are key words that should be highlighted here. Throughout this discussion there have been several words or phrases that we have come across time after time. These as the elements that constitute diakonia. This is a ministry that emerges out of a community of believers inspired by a life committed to Christ. It is a ministry of service, love, caring, justice, and social action in response to the needs and suffering of others. It is a ministry that each of us, ordained or lay, is called to do. “The point is that loving service to the neighbor is central to the style of life Jesus recommends; *diakonia* (humble service) is an or the essential ingredient of discipleship.”⁸ Once we understand that these element are basic to our understanding of being followers of Jesus Christ, we may come to a

renewed appreciation of the church as the people of God, in which every member has gifts for service, who all together make up the ministry of the Church. Ministry is a great and demanding task. It can only be done with authenticity and effectiveness if the organic ministry constituted by the people of God is recovered. Thus if there is a priesthood of all believers, there is even more basically (and biblically) a “deaconhood” of all believers.⁹

⁷ James Monroe Barnett, The Diaconate: A Full and Equal Order (New York: Seabury, 1981), 186.

⁸ Keller, Moede, and Moore, 16.

⁹ Keller, Moede, and Moore, 18.

Biblical Attitudes and Themes Relating to Diakonia

Once we understand that as Christians we are called to ministry and discipleship, it is but a small step to understand that we are not only the priesthood of all believers as Martin Luther claimed, but we are also an integral part of the “deaconhood” of all believers as described above. In order to fully understand this calling, we will take a look at some themes in the Bible that will help to clarify how we are called to diakonia.

We can begin by looking at the Great Commandment in Matt. 22:34-40. (See also Mark 12:28-34 and Luke 10:25-28.) This commandment enjoins love of God, love of neighbor as the fulfillment of the law. It also shows the religious roots of the ethical teachings of Jesus.¹⁰ In this brief passage, we have the heart of the Judeo-Christian message. Love of God with all our being is the first requirement of this commandment. That is a given for us as Christians. We rely on God’s love for us that was made visible in the incarnation. God’s son, born into a world not ready to accept him, teaching lessons that we still struggle with today, serving others of all stations and conditions, dying as a common criminal on a cross and being resurrected on that first Easter, is proof of that love God has for the created order. As Christians, we express this love of God in worship, prayer and praise. What we sometimes forget is that there is a second half to this commandment — “to love our neighbors as ourselves.” This is a way to express

¹⁰ Sapp, 111-12.

our love of God as well. It seems to be a more difficult way for us to love God. It is easy to love the neighbor that is like ourselves, that we admire and respect. But, who is really the neighbor we are commanded to love? H. Richard Niebuhr has a powerful answer to this question.

Who, finally, is my neighbor, the companion whom I am commanded to love as myself or as I have been loved by my most loyal neighbor, the companion whose love is also promised me as mine is promised him? He is the near one and the far one; the one beside the road I travel here and now; the one removed from me by distances in time and space, in convictions and loyalties. He is my friend, the one who has shown compassion toward me; and my enemy who fights against me. He is the one in need, in whose hunger, nakedness, imprisonment and illness I see or ought to see the universal suffering servant. He is the oppressed one who has not risen in rebellion against my oppression nor rewarded me according to my deserts as individual or member of a heedlessly exploiting group Christ is my neighbor, but the Christ in my neighbor is not Jesus; it is rather the eternal son of God incarnate in Jesus, revealed in Jesus Christ.¹¹

So, our neighbor that we are called to love is all humankind no matter the conditions, the beliefs, or any of the criteria that we tend to use in judging others. In fact, this is a call to love those who are oppressed and suffering; those who are in need. The command is for us to love all persons as we love God and as God loves us, even when that love is not easy. "Faith in God's love toward man is perfected in man's love to God and neighbor."¹² Implicit in this idea of love, the

¹¹ H. Richard Niebuhr, The Purpose of the Church and Its Ministry: Reflections on the Aims of Theological Education (New York: Harper & Bros., 1956), 37-38.

¹² Niebuhr, 32-33.

love of God and the love of neighbor, is the idea of service. If we love someone, we desire to help them if they are in pain or despair. Therefore, we are called to minister to others, especially to those who are most in need.

Another biblical theme is that of the Christian as servant of others. The basic text for this is Mark 10:43-45. (See also Matt. 20:25-28.) In this passage we see “Jesus’ demand based upon his own example, that anyone who would follow him must be a servant of others.”¹³ Jesus’ entire ministry was one of service. There are repeated instances of his love, compassion and service of others, especially the disadvantaged, and his service of God. For Christians to truly follow in the way of Christ, it must be a way of service.

A third theme related to service in general can be found in Matt.10: 5-15. (See also Mark 6:6b-12 and Luke 9:1-6.) This is the passage concerning the mission of the twelve apostles. Jesus sends them out on a mission of service, telling the good news and healing. Luke 10:1-12 is a similar passage about Jesus sending out the seventy. Obviously, in order to be a true disciple of Jesus Christ, one needs to be ready to be sent out to serve. This willingness to serve includes serving God and serving others in a manner that reconciles and heals.

A final theme is baptism. We are baptized into the Body of Christ, the universal Church. It is the rite of initiation for all Christians. With the blessings of God’s grace and new birth that we receive in our baptism, there are also

¹³ Sapp, 113.

responsibilities. As members of Christ's body, we are the arms and legs of Christ in this world. It is our responsibility to carry out God's will in this time and in this place. Look up the baptismal rite in your tradition. Chances are it includes such things as resisting evil and oppression, a promise to serve Jesus Christ as your Lord and act as his representative in the world, and a promise to serve others.

According to the WCC, being incorporated into the Christian Church through baptism "enrolls the baptized for God's service in a way comparable to the beginning of Christ's messianic ministry after his own unique baptism (Mark 1:10-11)." ¹⁴

The preceding examples are instrumental in gaining an understanding of diakonia — service to others — in a general sense. "The heart of diakonia lies in the redeeming love of Christ. Only because he first came to serve (*diakonein*), and to give his life as a ransom for the many, can his followers trace his footsteps in serving God's creatures, and thereby praise God."¹⁵ There are many ways to serve. Each has been given different gifts and talents to use in God's service and in the service of others. In light of the focus of this project, however, the following illustrations will be concerned more with service or ministry to the aged.

There are several specific elements in the Judeo-Christian heritage that are applicable to a discussion of a Christian ministry with the aged. This examination

¹⁴ WCC, 17.

¹⁵ WCC, 19.

begins with attitudes toward the aged as found in the Old Testament or as it is often called today, the Hebrew Scriptures. There are at least two basic attitudes in the Hebrew Scriptures that were part of the cultural norms the people of Israel developed out of their religious heritage. The first is that old age is just part of the total span of life. It was seen as that phase in which human life will finally become terminated, unless death comes sooner.¹⁶ Aging and old age were not seen as a transition between life and death, but were seen as a part of life. The real danger was seen as premature death cutting short the fullness of life. Long life and old age were seen as a blessing. We can see this in Genesis 5 which lists the generations from Adam and Noah and gives the total age of each at the time of their deaths. In Gen. 25:8, we can see how the Hebrew Scriptures portrays extreme old age as a “sign of life full of blessing and vitality.”¹⁷

Even though old age was seen by the authors of the Bible as a blessing, they did not have a pollyana attitude about old age. They had a realistic view of aging that included the frailties that often afflict the old. Rolf Knierim developed a list of scripture references indicating their realistic attitude:

- The hair is getting gray (1 Sam. 12:2; Ps. 71:18)
- The strength is spent (Ps. 71:9)
- The eyesight is fading (Gen. 48:10; Tobit 14:12)
- The senses are failing (2 Sam. 19:35; Eccles. 12:1-2)
- The feet are sick (1 Kings 1:15-23)

¹⁶ Rolf Knierim, “Age and Aging in the Old Testament,” in Ministry with the Aging: Designs, Challenges, Foundations, ed. William M. Clements (New York: Haworth Press, 1989), 22.

¹⁷ Knierim, 22-23.

The body is cold and heavy (1 Kings 1:1-4; 1 Sam. 4:16)

Women can no longer conceive (Gen. 18:13)¹⁸

This realistic attitude on aging is expressed clearly in Ecclesiastes. “Remember your creator in the days of your youth, before the days of trouble come, and the years draw near when you will say, ‘I have no pleasure in them’” (Eccles. 12:1).

Besides an awareness of the physical decline of old age, there is also a knowledge that the old can be and sometimes are foolish (eg., Gen. 19:4-5; 1 Sam. 2:22).¹⁹

Despite their realization that the old can be foolish, as can the young, there was a great respect in the culture for the elderly and their accumulated wisdom and experience. The old “personified the living tradition,” were the “most experienced in wisdom and law,” and had the “background for wise and balanced judgement.”²⁰ The elderly played an important role as teachers of wisdom in the biblical tradition and they were instrumental in the formation of the Bible.²¹

The second basic attitude of the people of Israel was that the elderly maintained an integral place within the family and society. Their role within the family was two-fold. They represented the linkage between the generations which had gone before and the younger generations still living. They were the living link between the past and the future. Secondly, in a society that saw itself as a

¹⁸ Knierim, 26.

¹⁹ Knierim, 32.

²⁰ Knierim, 30-31.

²¹ Knierim, 34.

corporate entity, the elderly were not excluded, but were a part of all groups of all generations.²² The society of Israel was a society of interdependence of individuals within a group, family, or clan, and interdependence of generations in daily life.²³ Just for a moment, compare that model of interdependent living with the model of radical individualism in Western society today. Later in this chapter we will be discussing the problems of living in an individualistic society as it relates to the aged. Perhaps we can learn something from this earlier model.

As well as being able to detect basic attitudes toward the elderly in the Hebrew Scriptures, there are several areas that are dealt with more specifically. The first and most obvious is the fifth commandment of the Decalogue or Ten Commandments: “Honor your father and your mother” (Exod. 20:12; Deut. 5:16; also Lev. 19:3). Not only can this be seen in a material sense as a matter of seeing to the basic needs of parents, it can also be seen in terms of reverence and respect. For Rabbi Abraham Heschel, “reverence is a matter of the heart as well as endeavor and action; a matter that calls upon our sensitivity, imagination, and initiative as well as conscience and compassion.”²⁴ This idea of honoring parents can be expanded to honoring the elderly in general. One place that is made clear

²² Knierim, 27-28.

²³ Knierim, 28.

²⁴ Abraham J. Heschel, “The Older Person and the Family in the Perspective of Jewish Tradition,” in Aging and the Human Spirit: A Reader in Religion and Gerontology, 2nd ed., eds. Carol LeFevre and Perry LeFevre (Chicago: Exploration Press, 1985), 35.

in scripture is in Lev. 19:32 which says, “You shall rise up before the aged, and defer to the old.” According to David Moberg: “This respect is closely related to if not also an aspect of, fearing God.”²⁵ The elderly are to be treated with honor and respect in a way that acknowledges their wisdom and appreciates that they are persons of dignity and worth.

In reading Genesis 1, the first creation story, we see that we human beings are created in the image of God. Being created in God’s image is the “ultimate source of value and dignity of all human beings” and that value does not depend on physical attributes or physical integrity.²⁶ In other words, just because a person’s body is becoming old and frail, that person is no less an image of our Creator. The image that we share with God is not the outward physical appearance or activity; it is the inward aspect of our being that is not affected by time or age. That inner aspect, whether we define it spirit, soul, or in some other way, remains constant and should always be valued and respected. Carleton J. Sweetser wrote:

it is the uniqueness of each individual as a child of God—that which in every person, no matter what age or mental or physical condition, is always the same self, the inner image of the Creator—and the all-importance of the present moment of one’s being which, regardless of the attendant circumstances, may well be the most important in that lifetime as it fulfills its

²⁵ David O. Moberg, “Ethical Dimensions of Aging,” in Christian Social Ethics: Perspectives and Problems, ed. Perry C. Cotham (Grand Rapids: Baker Book House, 1979), 175.

²⁶ Sapp, 63.

God-given destiny, that I believe are the concepts for a valid ministry to all human beings.²⁷

A person of eighty or ninety will tell you that they feel no different inside than they did at nineteen or twenty. It is a greater shock for them to see an aged person in the mirror than it is for others to see the gray hair, the wrinkles, and the frail body, the signs of old age. In order to sum up the view of the aged in the Hebrew Scriptures, we will once again refer to Heschel who wrote: “The test of a people is how it behaves toward the old . . . the affection and care for the old, the incurable, the helpless, are the true gold mines of a people.”²⁸

When investigating the attitudes in the New Testament that are relevant to a ministry with the aged, we need to keep in mind those attitudes spotlighted in the Hebrew Scriptures. The Bible as a whole is the saga of God’s activity in the world and many of the attitudes and themes are relevant to our discussion. Some of the attitudes and themes carry over from the Hebrew Scriptures into the New Testament. After all, Jesus was a Jew and grew up in that culture. However, there is one distinct theme in the New Testament that relates to our discussion of service to the elderly. This is the knowledge and awareness of God’s unconditional love. God sent Christ into this world because of that love; a love that is constant and steadfast whether merited or not. Examining the Hebrew Scriptures, especially the

²⁷ Carleton J. Sweetser, “Hospital Clergy and the Elderly Patient,” in Values, Ethics and Aging, ed. Gari Lesnoff-Caravaglia (New York: Human Sciences Press, 1985), 143.

²⁸ Heschel, 36.

Psalms, we see that this is not an entirely new theme, but there is a new twist to the concept of God's unconditional love in the New Testament. John 3:16 makes this point: "For God so loved the world that he gave his only Son, so that everyone who believes in him may not perish but may have eternal life." God's unconditional love is at the heart of the Christian gospel and it "can be interpreted as a symbol suggesting that the real basis of one's worth is beyond 'good works'—beyond one's productivity, vigor or wealth."²⁹ What does love mean in this context? The ancient Greeks had three different words for love, each with a different aspect indicating a different form that love can take. The first word for love is eros. "Eros is the love that seeks and derives satisfaction for the object of its love."³⁰ We often assume that eros means sexual love, but it means more than that. It is the drive behind all learning, creative activity, and striving for excellence.³¹ The second form of love is agapé which is "altogether for the sake of the beloved."³² This is the kind of love we mean when we talk about God's unconditional love for humanity. It is the kind of love, self-giving and

²⁹ Evelyn Eaton Whitehead, "Religious Images of Aging: An Examination of Themes in Contemporary Christian Thought," in Aging and the Human Spirit: A Reader in Religion and Gerontology, 2nd ed., eds. Carol LeFevre and Perry LeFevre (Chicago: Exploration Press, 1985), 59.

³⁰ Martin J. Heinecken, "Christian Theology and Aging: Basic Affirmations," in Ministry with the Aging: Designs, Challenges, Foundations, ed. William M. Clements (New York: Haworth Press, 1989), 80.

³¹ Heinecken, 81.

³² Heinecken, 81.

self-sacrificing, that we can have for others that mirrors God's love for us.³³ The third form of love is filia which is "the love of friendship."³⁴ All three forms of love interplay in a ministry with the aged. Those in ministry and the aged themselves have the need to give and receive all these aspects of love. We can love the elderly for what they can give us, eros. They are able to share with us the wisdom, experience, patience, and insight they have gained over the years. This is a precious gift.

There are some elderly, however, who are not very lovable. They are irritable, demanding, and obstinate. There are also those who are helpless to respond or suffer from some form of dementia. No matter what their condition, they need love. This is when agapé, the self-giving love, is what is needed. Experiencing this kind of love from another may well make them aware on some level of God's unconditional love for them as well. Filia, the third form of love is a special friendship that can and often does develop between persons at different stages of life. The mutuality and sharing of such a relationship can be special for both. There are two factors that never change over the life span. We each have an intrinsic worth as a child of God and we need to experience love, God's love and the love of others. So, no matter what a person's age or condition: "In the final analysis a person's real worth depends upon the fact that there is a God to whom

³³ Heinecken, 82.

³⁴ Heinecken, 82.

each person is equally precious.”³⁵ An important part of any ministry is to convey God’s love and the uniqueness and worth of every individual. This is especially true of ministry with the aged who may be feeling useless, worthless, and even perhaps that they are a burden on others. In talking to the frail elderly, it is saddening to hear how many times they say something like, “I don’t know why I am still here.” They need to know that each and every person is special and loved and that this is not dependent on what they can do or accomplish. This is an important element in diakonia or ministry to the frail elderly.

Historical Overview of Diakonia

“It is quite probable that the office of deacon was without direct antecedents either in Judaism or paganism, growing out of the distinctive character of the diakonia Jesus gave to the nature of the Church and its ministry.”³⁶ The word chosen by the early church to describe the ministry of all was unbiblical and nonreligious and which excluded all pretensions to rank and status. It actually came for the word meaning to serve at the table. The word is diakonia and all are sent for ministry, especially exercised in service to others.³⁷ So we can see that the concept of ministry changed in the New Testament era. In the Hebrew Scriptures, ministry appeared to be an exclusive privilege of the priesthood which was

³⁵ Heinecken, 84.

³⁶ Barnett, 38.

³⁷ Barnett, 23.

hereditary in nature. After the advent of Christ and his ministry, the concept of ministry became one of humble service, especially service to others.

It is quite likely that the diaconate of the early church developed in response to needs within the church community itself. This is indicated by the commonly recognized institution of the diaconate in Acts 6:1-6 which tells of the selection and ordination of the Seven to assist the Twelve in the distribution of charity to the Hellenist widows.³⁸ The example for the ministry came from Christ whose entire life was one of humble service to others and to God and from the disciples who were sent out in service. “The origin of the diaconate and its development in the first centuries reveals above all the deacon as symbol. He is the symbol par excellance of the Church’s ministry. In the deacon is seen the indelible character of *service*.³⁹

James M. Barnett describes the functions of deacons from writings of the early church. There were many more functions listed than will be indicated here, but the ones in the following list are those relative to this study. All of these functions symbolize the servant ministry of the Church and can be seen as pertaining to a ministry with the elderly.

<u>Year</u>	<u>Source</u>	<u>Function</u>
96	Shepherd of Hermas	Administer the distribution of alms to the poor and needy
115	Ignatius	Symbolize Jesus Christ

³⁸ Shepherd, 785.

³⁹ Barnett, 141.

150	Justin Martyr	Take Eucharistic Bread and Wine to those absent
200	Pseudo-Clementines	Be the “eye of the bishop” in all matters, but especially in discovering the pastoral needs of the people
200	Pseudo-Clementines	Report the sick to the congregation for their visit & help ⁴⁰

In the early church, the offices were not clearly defined and the roles and functions were more fluid. Over time there came references to deaconesses as well as deacons in church writings. The role of a deaconess was also one of service and plays an important role in the history of the church. The ministry of deaconesses “brought together three essential elements of Christian outreach: personal evangelism, social service, and social justice.”⁴¹ While the role of a deacon was both liturgical and social, the role of a deaconess was primarily that of community service and outreach. Apparently, there was little or no liturgical role for a deaconess. As time went on, the roles and functions of the offices and orders of ministry became more set and defined. As mentioned earlier, some churches have ordained offices of deacon, either as a separate order or as the first step in a two step ordination process. Other churches have lay positions of deacons. The one basic element of both is that it is a ministry of service. In this way they symbolize the ministry that all Christians are called to perform. Service and ministry are inherent in the concept of Christian belief and practice. It is for this

⁴⁰ Barnett, 121.

⁴¹ Keller, Moede, and Moore, 42.

reason that this project is based on the principle of ministry to the elderly is one function of the “deaconhood” of all believers.

Ethical Mandate Resulting from the Concept of Diakonia

What is a Christian ethic? In any discussion of ethics, there are certain words that we are bound to run across -- good, virtue, duty, right, ought, motive, goodwill, and so on. The problem here is trying to define or determine what these words mean in a Judeo-Christian context. By what standard do we determine what is right or good? At what point do we decide which is better, to do one's duty no matter what, or are the motives for what we do the important factor? What are the standards of virtue? Are they cultural standards, personal standards, or standards that come out of our Judeo-Christian heritage? And more to the point, how do we corporately and individually decide what we ought to do and once that decision is made, how do we go about doing what we ought to do? This section discusses some guidelines for making such a decision and explore ways of implementing the decision once it is made. We will also examine some cultural factors that make this decision making process more difficult especially in relationship to the elderly. Finally, an ethical mandate for service (diakonia) with an emphasis on service to the frail elderly is developed.

In order to have a starting point, a definition of Christian ethics is needed. As Christians, we have certain basic precepts that we acknowledge. The first is that God was and is active in our world. The second is that God, out of love for us

and all creation, sent Jesus Christ into this world to reconcile and redeem. Third, we acknowledge the activity of the Holy Spirit in the world and in our lives today. Considering these precepts, one definition of Christian ethics is: For us as Christians, recognizing God's activity in the world and the love of God for all creation that brought Christ to us for our redemption, and relying on the Holy Spirit to guide and sustain us, we seek to discern the discrepancy between what is and what ought to be and attempt to bridge the gap.

With this definition of a Christian ethic in mind, there needs to be an examination of several attitudes in our society that cause the gap between that which is and that which ought to be. These attitudes impact the welfare of our elderly population in significant ways and can illuminate why a mandate for ministry to this segment of our population is necessary. The first of these attitudes is that of individualism. This is a country founded on the principles of individualism. Our founding fathers and mothers were radical individualists. The precepts this country has grown with are those based on individual labor, individual success, the American Dream, and so on. This is not all bad, certainly, but it has caused some problems. It has resulted in a fierce need to be independent. In actuality, we are all dependent on others, we just do not acknowledge that dependence. For the elderly, this is a difficult issue. With increasing age and frailty come a loss of independence. "When a person loses a major bodily function, like sight or hearing, the dependency becomes very obvious

and very real.”⁴² There is a culturally instilled fear in most of us of becoming dependent on others. It is a prospect we dread. This author assumes such a significant fear of being dependent on others clearly results from the individualistic society in which our values are developed. Some other societies are free of this influence and take care of one another as a matter of course; it is a natural situation and one that is expected. Unfortunately for our aging population, we do not have the same outlook. This is not to say that we do not care for one another in this country, but there is a resistance on the part of the one who requires the care. In this society, we want to take care of ourselves! It is not easy for us to accept help. Getting older does not make it any easier to be in a position of needing the assistance of others. It is particularly difficult when one has to be helped by strangers.

Earlier, the interdependent society of Israel was discussed. That same outlook was basic to the early Christian Church. It was accepted that one would be the caregiver and also the recipient of care at different times in his or her life. The recognition that we are not isolated beings, that we are each dependent on others was at the root of the society and of the faith. There was a recognition of the importance of community, each member giving support and receiving support from others. In such a society, the person was important within the community context. In our society of radical individualism, the individual is seen as

⁴² Sullender, 137.

somehow outside the community. Even more crucial than this attitude is the prevalent attitude that we have created our own lives and with this kind of thinking comes a disregard of the ultimate dependence we have on God and God's love for us. Considering the society in which we live and the attitudes it has fostered in us, it is important for those of us engaging in ministry to the elderly to recognize their need to maintain as much independence as is possible and to do whatever we can to make this a reality. Jane Boyajian wrote:

We need to see elders not as recipients of our programs, though they are, but rather as members of our community-in-the-present. We need to remember that they are separated from our community partly because of their infirmity or living situation but more because of our attitudes toward them. We have placed them at the fringe of existence. We would "do" for them, but in so doing we forget who they are as individuals, and we deny their humanity.⁴³

The second attitude that needs to be examined relative to the elderly is that of indifference. Indifference is not the same as deliberate neglect. It is more a result of not seeing or understanding than of seeing, understanding, and looking the other way. Most people are not intentionally neglectful, but there are many who are indifferent to situations that do not impact their own lives. There are many forms of indifference and it can be found in a number of contexts. Dennis Ford gives us a general definition that is not context specific. "Indifference is the failure either

⁴³ Jane A Boyajian, "On Reaching a New Agenda: Self-Determination and Aging," in Ethics and Aging: The Right to Live, The Right to Die, eds. James E. Thornton and Earl R. Winkler (Vancouver: University of British Columbia Press, 1988), 22.

to see, to acknowledge, or to act on behalf of others.”⁴⁴ Ford sees indifference to be caused by cultural factors rather than individuals deciding to remain indifferent to the situations around them. It is his contention that just by living in a culture and a local community, people are exposed to “inherited ideas, rituals, mythologies, stories, and methods that foster or legitimize indifference rather than commitment.”⁴⁵ Because of this cultural conditioning, people often do not really see a problem or a situation. We are conditioned by our society, the social groups that we associate with and to a great extent, mass media especially television. This input from our culture creates the “moral universe” in which we live and function.⁴⁶ It is this “moral universe” that can prevent us from seeing things as they really are.

However, if we do see, we must then recognize that we are connected to others in a way that brings obligations with it even if we are not responsible for the situation.⁴⁷ “Experience, a genuine encounter with what is really the case, is an essential element of ethics. Conversely, the absence of experience contributes to indifference.”⁴⁸ There are two ways in which we can be protected from

⁴⁴ S. Dennis Ford, Sins of Omission: A Primer on Moral Indifference (Minneapolis: Fortress Press, 1990), 12.

⁴⁵ Ford, 13.

⁴⁶ Ford, 53.

⁴⁷ Ford, 13.

⁴⁸ Ford, 87.

experience. The first is physical. We simply insulate ourselves from the situation. If we do not see it, it does not exist. The second way is by denial or avoidance of opinions other than our own. If we refuse to listen to other opinions, our “moral universe” will not be disrupted. In both of these ways we can avoid the experience that leads to ethics.⁴⁹

“Imagination is the foundation for the *ought* apart from which ethics is impossible. Ethics begins with a discrepancy between the *is* and the imagined *ought*.⁵⁰ It is through imagination that we can be exposed to new situations in a non-threatening way. This is the way to envision the possibility of a new way or at least hope for a new way as well. It is through moral frameworks of interpretation that we finally can become aware of our obligations in making this new way a reality.

First, interpretation represents the way or the framework through which we see an experience; it is the reference point - the presuppositions, the stories, and the past experiences - through which we make sense of the experiences we confront. And, second, moral frameworks of interpretation are the means by which we are connected to moral imperatives. Through moral frameworks of interpretation, we acknowledge, and thus become responsible for, our moral obligations.⁵¹

A number of our elderly today are victims of indifference. One cultural cause of this indifference is ageism. Ageism like all the other “isms” (racism,

⁴⁹ Ford, 87-88.

⁵⁰ Ford, 89.

⁵¹ Ford, 91.

sexism, and so on) is prevalent in our society. We are inundated in this society with stereotypes of old age. Youth is beautiful, vibrant, useful, etc., but old age is foolish, useless, a burden and so on. We see these stereotypes in movies, on television, in advertisements, in fact everywhere we look. We are products of a culture that promotes a “moral universe” that contains a worship of youth. Millions if not billions of dollars are spent in this country each year on products that will make us look younger. Unless, or until we are forced to experience first hand the situation of the elderly through our aging parents or our own aging selves, we may well be guilty of distancing ourselves from the situation. We have been conditioned. Sadly, the elderly have also been conditioned to believe the myths about old age.

The old have been brainwashed into believing -

- Old age is a diseased state
- Old age is a mindless state
- Old age is a sexless state
- Old age is a useless state
- Old age is a powerless state
- Old age is a homogeneous state
- Old age is a tranquil state.⁵²

As the number of elderly increase in this country, we can only hope that these stereotypes disappear. There are some signs of this beginning now. The elderly are taking a forceful position in seeking their rights and their dignity. For example, Lydia Bragger who compiled the list of stereotypes is an active member

⁵² Lydia Bragger, “Older Persons and the Democratic Process,” in Values, Ethics and Aging, ed. Gari Lesnoff-Caravaglia (New York: Human Sciences Press, 1985), 59.

of the Gray Panthers, a group which is in the forefront of working to change the current situation. According to David Moberg:

Although all people are created in the image of God, each is unique. It is unjust to react to people as stereotypes, which imply that all members of a category have the same explicit needs and those needs may be fulfilled in the same way. For example, far too often we respond to the aged as if they are *old* instead of remembering that they are *people* who happen to be elderly, each of whom is a unique, distinct person.⁵³

Until, however, these attitudes and stereotypes disappear, the elderly are being discriminated against in this society. It is basic to a ministry to the aged to relate to each person as a person, unique and special. Furthermore, one component of such a ministry is to be an advocate; to help dispel the false and misleading myths that damage the quality of life for our older citizens

Another cultural cause of indifference to the aging has to do with our future orientation. This culture stresses potential productivity. With the aged and the disabled, future productivity is limited. For many in this society, it is a foreign notion to care about and care for a person just because he or she exists. The tendency is to spend time, effort, and financial resources on those who will produce in the future. This is an important use of society's resources, but those who are past their most productive years or who have limited potential for productivity must not be ignored. Each individual is a child of God and as such should be treasured.

⁵³ Moberg, 178.

The final attitude we need to deal with here is the fear of aging which is closely related to the fear of death. This culture, where the life span continues to increase, tends to see old age, especially the oldest old, 85 or older, as a time of waiting for death. We isolate ourselves from death. In years past, death usually occurred in the home with the family present. Now, it is much more usual for death to occur in a hospital or other institution. Often, the family is not present. It is this distancing from the knowledge that we will all die in due time that causes us to distance ourselves from the aged. We need to view the situation like they did in the references given previously from the Hebrew Scriptures. Long life is a blessing and deserves honor, not fear. Aging and death are a natural part of life. Premature death is what we should dread, if indeed, we need to dread death at all. In a ministry with the aged, we need to deal with these fears and come to terms with our own aging. Henri Nouwen says it so well:

To care one must offer one's own vulnerable self to others as a source of healing. To care for the aging, therefore, means first of all to enter into close contact with your own aging self, to sense your own time, and to experience the movements of your own life-cycle. From the aging self, healing can come forth and others can be invited to cast off the paralyzing fear for their future.⁵⁴

As long as we as individuals and as a society fear aging and death, we cannot relate to the elderly in a way that is healing and constructive.

⁵⁴ Henri J. Nouwen and Walter J. Gaffney, Aging (Garden City, N.Y.: Doubleday, Image, 1974), 97.

Once we have gotten beyond the attitudes so prevalent in our culture that can have a detrimental effect on the elderly and on an intentional ministry with the elderly, we need to focus on four concepts that are fundamental to any ethic concerning ministry with the elderly. The first concept is justice. According to Stephen Sapp, the elderly are often seen “as anachronisms in a society that values only the future and as a nonproductive drain on society’s limited resources.”⁵⁵ Not only does society see the aged in this light, many of the elderly see themselves this way as well. As long as society and the elderly believe the myths of old age, there will be no justice for the aged in this society: rising costs coupled with cuts in Social Security payments; restrictions on the amount of income that can be earned by the healthy elderly who are on Social Security; long lines and complex forms making it difficult for elderly who need services; laws making it impossible for older persons to marry without losing income. These are just a few of the injustices that face the elderly in this country today. What is needed is not “merely a fair application of existing rules, but a transforming justice that raises the level of dignity and opportunity of all who are neglected and deprived.”⁵⁶ Therefore, one crucial aspect of an ethic for a ministry with the elderly concerns issues of justice, personal justice and justice for the aged as a whole.

⁵⁵ Sapp, 36.

⁵⁶ John C. Bennett, “Ethical Aspects of Aging: Justice, Freedom, and Responsibility,” in Ethics and Aging: The Right to Live, The Right to Die, eds. James E. Thornton and Earl R. Winkler (Vancouver: University of British Columbia Press, 1988), 41.

The second concept we are considering here is that of freedom. Part of this idea of freedom is the right to be counted as individuals, persons who are aware of their own needs and desires and are fully capable of expressing them. All too often, the elderly and especially the extreme aged have decisions about their lives taken away from them. Decisions are made by family, medical personnel, or organizations and institutions without the aged person being included in the decision making process. There is no question that there are some aged who are not able to participate in such a process, but each person should be allowed and even encouraged to participate to the fullest extent that they are capable. It is a basic human right for every person to have "freedom from unnecessary dependencies, freedom from paternalism."⁵⁷

Responsibility is the third concept and it bears some relationship to the concept of freedom. Not only should the elderly have the freedom to determine or at least help determine the course of their lives, it is also their responsibility. That responsibility should not be taken away from them. Not only should they have as much responsibility as possible for the conditions of their own lives, but they need to maintain a sense of responsibility for the aged as a group, their immediate surroundings, their community and society as a whole.⁵⁸ There is a minimum age

⁵⁷ Bennett, 41.

⁵⁸ Bennett, 41-42.

for participating in the political process, but there is no maximum age.

Maintaining responsibility is necessary for a sense of self-worth.

Finally, we come to the concept of dignity. This particular concept is integral to all the others just discussed. Not only is this a key concept in an ethic toward the aged, but it is a key element in any ministry with the aged. This is because, for the most part, it is the daily interaction, the “rituals we enact for one another,” which help to create the sense a person has of being a person of worth and it is this feeling of self-worth that we call dignity.⁵⁹ It is very difficult for any person experiencing the losses that accompany aging, up to and often including, loss of independence, to maintain a sense of self-worth or dignity.

Drew Christiansen has developed three principles of an ethics of aging. The first principle is that “losses are not to be compounded (unnecessarily),” or to put it another way, “physical loss does not warrant inflicting social penalties on the aged.” The second principle is, “maximize the autonomy of older people over their own affairs.” And finally, the principle that “no one on account of age should be denied direction of those spheres of responsibility he or she chooses to assume.”⁶⁰ These three principles include all the concepts above and provide the statement for a basic ethic for everyone involved in a ministry with the aged.

⁵⁹ Drew Christiansen, “Dignity in Aging: Notes on Geriatric Ethics,” in Aging and the Human Spirit: A Reader in Religion and Gerontology, 2nd ed., eds. Carol LeFevre and Perry LeFevre (Chicago: Exploration Press, 1985), 335.

⁶⁰ Christiansen, 342-43.

In the course of this chapter a number of important issues have been discussed. Out of this discussion, two aspects need to be clarified. Do we have an ethical mandate for service and ministry that comes out of our Judeo-Christian heritage? If we do, is there also a mandate for ministry to the elderly in particular? First, the question of an ethical mandate for service, diakonia, will be considered. The preceding discussion covered several issues that will help answer this question. First is the ministry of Jesus. His ministry was a ministry of service, service to all regardless of condition or station. He was the servant of others and called others to follow him. His ministry is the example we are called to emulate in this world today. Second, we have the Great Commandment—to love God and to love our neighbor as ourselves. Our lives are to be spent in God's service and implicit in the love of neighbor is service to those who are in need. Jesus also sent the apostles and the seventy to minister to others. They were sent on a ministry of reconciliation and healing. All followers of Christ are called to such a ministry. Finally, we are baptized Christians. As those baptized into the body of Christ, we vow to serve God and to serve others. There can be no question that if we take our Christian faith and beliefs seriously, we are indeed called to a life of diakonia. We are members of the deaconhood of all believers as well as the priesthood of all believers. The evolution of the diaconate from the very earliest days of the Church affirms that the ministry of service is central to Christianity. So the answer to the first question is an unqualified yes. We do have a mandate, each of us and the

corporate church as well, to a ministry of service to others, within and outside the church.

The second question is relative to a ministry to the elderly. If we look back into our early heritage and the Hebrew Scriptures, we can recognize the ways in which the aged were an honored part of the society. We have the Fifth Commandment — “Honor your father and your mother.” This is expanded to the honor and respect of all of advanced age. The culture looked at old age as a blessing. It was seen as a part of life, not a time of waiting for death. The aged were a link between the generations that had gone before and those still living. They were the link between the past and the future. They were honored for their wisdom and experience and held positions of respect. Perhaps, most of all, each person regardless of age or anything else, is created in the image of God. That part of us that is in God’s image does not age or grow frail. It is that part of us that is unique and special.

The promise of God’s unconditional love as expressed in the New Testament is a powerful statement for us all. No matter who we are or what we do, God’s love is there for us. Each of us is precious to God. That is not something we outgrow. No matter what our age, our physical health, our mental health, God loves us. Those whom God loves, we must love. They are our neighbors. So despite the cultural barriers that get in the way of our seeing and experiencing the problems of the aged — individualism, indifference, ageism, and

fear of aging and death — we are called to minister to them. Our ministry should be based on the concepts of justice, freedom, responsibility, and dignity for it to be the reconciling and healing ministry it is meant to be.

Through Scripture and tradition, we Christians are called to a ministry of service; we are all part of the deaconhood of all believers. There are many forms such a ministry can take. God has given us all different gifts for ministry. For some of us, those gifts are for ministry to the elderly. Western society does not treat the elderly with the honor and respect that is their due. They are on the edge of society. Their losses are constant and final. Their need is great. The mandate to serve those in need is clear. As the life span increases and the number of elderly continues to grow, especially the frail elderly, the need for this kind of ministry will only continue to grow. The next chapter explores some of the practical aspects of this ministry.

CHAPTER 3

Progressive Loss of Independence in the Frail Elderly

In any discussion of older adults, we generally begin the classification at age sixty-five. However, most adults just entering that age bracket are healthy and active. Many continue to work, travel, and enjoy vital, active lives. Over time, however, there is almost always some loss of health or strength that affects one's ability to remain completely independent. For some, this decline is slow and adjustment is gradual. For others, it is a sudden loss of a critical function such as hearing or sight, an accident such as a bad fall that results in a broken hip that requires a long recuperation and affects one's mobility, or it can be a sudden illness such as a stroke or heart attack that results in major changes in life style. In these instances, there is no gradual adjustment. Coming to terms with a need to rely on others must be accomplished quickly. In either case, however, there does come a time in the lives of most persons as they age when they are forced to realize that they can no longer function without help. Statistically, the older one is, the greater their chances are of facing some kind of disability. Thirteen percent of those 65-74 report a significant disability. In the bracket 75-84, this rises to twenty-five percent. In those 85 or older, forty-six percent report having one or more disabling conditions.¹

¹ Dosia Carlson, "Caring for Ourselves and Others in Later Years," in Older Adult Ministry: A Resource for Program Development, eds. James A. McDaniel,

Bernice L. Neugarten, a gerontologist, has developed a three-part categorization of old age based on health/independence issues rather than on chronological age. The three categories are “young old,” “old,” and “old old.” The “young old” are those who still live active, independent lives and need only routine medical care. The “old” are those who need semi-independent living arrangements where there are some support functions such as meal preparation, and where medical care is easily available. Finally, the “old old” need full-time medical care and their health is such that they can no longer live independently.² It is the elderly in these last two categories who are considered here.

Multiple Losses of the Elderly

There are a number of issues that the elderly have to deal with involving loss and change in their lives. While over the entire life span, we are all adjusting to loss and change, there is a significant difference for the elderly, especially those in the fourth quarter of life. A loss in that age group is a permanent loss. There is not the time or strength to find something new. Change is usually in a downward direction, to more limitation and dependency. The loss is also cumulative. There is one loss after another. Two overarching issues at this time are hope and

Thomas B. Robb, and Lorraine D. Chiaentone (Atlanta: Presbyterian Publishing House, 1987), 73.

² Bernice L. Neugarten, “Age Groups in American Society and the Rise of the Young-Old,” in Annals of the American Academy of Political and Social Science 415 (1974): 187-98 as cited in Sullender, 138.

meaning of life. These become more and more difficult as progressive loss is a way of life and one's finitude is a close reality.

But, before examining how one finds hope and meaning out of loss and transition, we need to take a look at the human needs we all share, the losses experienced by the elderly, and the response to these losses. According to Maslow, there are five levels of basic human needs continuing through the life cycle. The first and most basic needs are physiological needs. These include hunger, thirst, sex, oxygen, and sleep. The next level is that of safety needs which includes security, protection from physical harm, stability, order, known versus unknown, and the need for structure. These two basic levels represent the requirements necessary in maintaining life. The third level of needs are social needs. These needs include approval, achievement, prestige, friendship, love, affection, acceptance, belongingness, and intimacy. The fourth level includes those needs related to a person's sense of self-esteem. They are self-respect, respect from others, recognition, prestige, feeling good about yourself, and achievement. The highest level of needs are the needs of self-actualization. This involves the need for the person to do what her or she can do best and includes such needs as aesthetic needs, beauty, the need to know and to understand, curiosity, wonder, and inquisitiveness. These top three levels—social, esteem and self-actualization—are the needs which when met, enhance life.³ The first two

³ See Maslow's discussion of basic human needs in Virginia Lee Boyack, "Recreation: An Expression of the Art of Living," in Values, Ethics and Aging, ed.

levels of needs are crucial to life. The top three levels are crucial to quality of life. This is true for every age, but for the aged whose lives are made up of one loss after another, the life maintaining needs as well as the life enhancing needs are often not being met.

Now that we have a picture of the needs all humans of every age share, we will briefly discuss the losses that the elderly face and how this affects their needs being met. By the time one reaches the fourth quarter of life, there have already been several major losses. One is the loss of work at retirement. This affects issues of identity, prestige, recognition and so on. This can be a major loss which is compounded by the restriction of income. Another prior loss is the loss of parents. Generally, by the time one is seventy-five, his or her parents are deceased. The link to the past is gone. There can be a great amount of grief for this loss, but often unexpressed. This can impact the needs of belonging, acceptance, love, etc. The third previous loss is loss of family. The children, if there are children, have left home. This is a gradual loss, but of particular impact to women. This can affect them in areas such as achievement and feeling good about themselves. But, at least this is not a final loss. A new relationship can be established with one's children.

Once the fourth quarter of life is reached, the losses become more frequent and can become more devastating. One of the most obvious losses is loss of

Gari Lesnoff-Caravaglia (New York: Human Sciences Press, 1985), 189.

youth. Even though the loss of youth is noted much earlier, usually during mid-life, it begins slowly and escalates as the years pass.⁴ There are interior changes. There are things one cannot do any longer. The body rebels. The changes are exterior as well. Suddenly there is a gray hair, a wrinkle. In a youth oriented culture like ours, this can be a real blow to the self-esteem; it hurts the vanity. But there is more to it than that. There are more serious ramifications of this loss of youth than these. With the realization that one is no longer young comes the realization that some of one's dreams may not come true.⁵ Some will have to be given up and others revised to a more realistic level. This, too, can be a cause of grief. Also, with this knowledge comes the knowledge that time may be short. There comes a time when we have to acknowledge that our lives will end, that there may not be the time to do what we want to do. Chances are that this realization begins earlier in life, but now there is no escaping it. It becomes a reality to which one has to adjust.

Unless it has already taken place, it is likely that one will lose a spouse in the fourth quarter of life. This is a significant loss and one that has many facets. One is losing a longtime companion, perhaps the partner who took care of things, the protector. One loses a helper. Loneliness and a profound grief often result from this loss. This impacts the needs of the person in many different ways. It

⁴ Sullender, 36.

⁵ Sullender, 42.

affects the needs for belonging, love, intimacy, affection and can affect the needs Maslow placed in the two most basic levels of his hierarchy such as security, stability, and so on. Another related problem that is often not discussed is when a husband or wife, a sibling, or a close friend is admitted to a skilled care facility.⁶ This can be similar to losing someone to death, especially in the case of a spouse. The non-institutionalized spouse is now alone and is subject to the same kinds of reactions to the loss such as loneliness, grief, lack of companionship, and so on. There may be additional problems resulting from a spouse being institutionalized. The cost may well cause financial problems and there is often guilt that one could not care for the ill spouse. Some of this could be present if a loved one other than a spouse goes to a skilled care home as well.

A third major loss of the aged is the loss of health. As has already been noted, with advancing age the potential for serious and chronic disabilities increases greatly. The losses in health are most likely permanent and even temporary illnesses cause more weakness for a longer period of time. This, again, is a reminder of our finitude. If we were able to ignore it before, there is no way we can ignore it when health is failing. Along with this loss of health may come loss of function. One of our basic functions, hearing, sight, or mobility, may be

⁶ Cedric W. Tilberg, ed. The Fullness of Life: Aging and the Older Adult (New York: Div. for Mission in North America, Lutheran Church in America, 1980), 93.

lost. Once this happens, we must face loss of independence and this can be frightening.

Biological aging — changes in appearance, illness, or disability — can affect not only the human body but also the human spirit. Likewise, spiritual, emotional, and psychological poverty may exacerbate illness and disability. The physical and spiritual needs and concerns of people, young and old, are inextricably linked.⁷

If one is alone, this can be an even bigger problem which might result in the loss of home as well. Unfortunately, each loss of function or health can result in a further loss of independence which may mean another change in residence.⁸ “Good housing and good location are among the essential ingredients to satisfy deep human needs for independence, security, identity, and well-being.”⁹ All of this can impact how a person feels about herself or himself as well as the needs of acceptance, achievement and the more basic needs such as known versus unknown.

A final loss that requires discussion is the loss of identity. One’s identity is a “coherent sense of self” that is primarily formed by social roles and attachments.¹⁰ In old age, there is a loss of roles and a loss of those to whom one

⁷ Leighton E. Cluff and Claudia B. Cluff, “Informal Support for Older Persons: A Role for Religious Organizations,” in Affirmative Aging: A Resource for Ministry, ed. Episcopal Society for Ministry on Aging (Minneapolis: Winston Press, 1985), 98.

⁸ Sullender, 138.

⁹ Tilberg, Fullness of Aging, 83.

¹⁰ Sullender, 147-48.

is attached. Think about it for a moment. Who are you? Can you answer that question without naming a title, a position, or a relationship? Think what it will be like when those roles and relationships no longer exist. Loved ones may be gone. Friends may be gone. There may not be many of one's generation left who share the same background and memories. One may have even have had to part with his or her home and possessions. Each loss is a loss of our identity and each loss of identity brings with it grief.

Earlier, two overarching issues that have a great bearing on quality of life for the old were mentioned. These two issues are necessary at every age, but become crucial in advanced old age. They are hope and meaning of life. "These two characteristics, openness to others and openness to a creative principle in the world, bound together form the heart of hope."¹¹ But what is this hope when there does not seem to be much to hope for? It is described as an "active readiness to trust, to love, and to wait patiently for that which is beyond our catalogued experience."¹² This is a difficult thing for many of the aged. Having suffered many losses in their lives and experiencing even more, it would seem that hope would be elusive at best.

Every time life asks us to give up a desire, to change our direction, or redefine our goals; everytime we lose a friend, break a relationship, or start a new plan, we are invited to

¹¹ Annette Geoffrion Brownlee, "The Dark Night of Hope," Journal of Religion and Aging 1, no. 2 (Winter 1984): 22.

¹² Brownlee, 22.

widen our perspectives and to touch, under the superficial waves of our daily wishes the deeper currents of hope.¹³

When hope comes through loss, grief, and acceptance of death, a sustaining spirituality is born and comes into being. Perhaps it is a bit like “the dark night of the soul.” One has to progress through the dark night to reach the full brightness beyond. How can we in ministry to the elderly, we who offer pastoral care to those in pain, how can we help someone through this darkness? According to Annette Brownlee in her article “The Dark Night of Hope,” there is only one way. “To face the failing of life in its naked reality is to enter the dark. If we dare to be at home there, the hidden healing power of hope can work through us to transform despair and suffering into sources of love and new life.”¹⁴ In other words, we have to be with them. We have to have come to terms with our own fears of aging and death and be truly present in their struggle and pain. It is only in experiencing with them their search for hope in a situation that seems without hope, that we can enable them to find the hope they so desperately need. In ministry to the very elderly, providing pastoral care, we can be effective only if we can bring with us the assurance of God’s love and the sure knowledge and belief in the promised redemption of Christ. It is here that hope can be found.

The second overarching issue in the later stages of life, meaning making, has been mentioned before. Chapter 1 mentioned making meaning of one’s life in

¹³ Nouwen and Gaffney, 71.

¹⁴ Brownlee, 12.

the discussion on the developmental stages of the human life cycle. Both Erik Erikson and William Clements stress that making meaning out of one's life, evaluating past experiences, accomplishments and failures are the major function of this stage in life. According to Erikson, a sense of integrity and wisdom are born out of successfully dealing with the meaning of one's life. If this is not accomplished, despair or despondency are the result. According to Heschel:

The years of old age may enable us to attain the high values we failed to sense, the insights we have missed, the wisdom we ignored. They are indeed formative years, rich in possibilities to unlearn the follies of a lifetime, to see through inbred self-deceptions, to deepen understanding and compassion, to widen the horizon of honesty, to refine the sense of fairness.¹⁵

Finding meaning in one's life, then, is a result of evaluating one's life over the entire life span and learning from one's experiences as well as coming to the realization that one has made a difference in this world. The elderly spend much time recalling the past and reminicing. This is a crucial activity for them if they are to discern the pattern and meaning of their lives.

There is another factor that is crucial to one finding meaning in one's current life. Leo Missinne and Judy Willeke-Kay, in their article "Reflections on the Meaning of Life in Older Age," define life's meaning this way: "Meaning of life is a combination of an ultimate meaning and many provisional meanings."¹⁶

¹⁵ Heschel, 39.

¹⁶ Leo E. Missinne and Judy Willeke-Kay, "Reflections on the Meaning of Life in Older Age," Journal of Religion and Aging 1, no. 4 (Summer 1984): 47.

This definition came out of a study of the ideas of Victor Frankl as expressed in his book, Man's Search for Meaning, which was an analysis of his concentration camp experiences in Germany and how meaning could be found in one's life even under those kinds of circumstances and in that kind of suffering.¹⁷ It is Frankl's theory that meaning of life is based on the values in which one believes. He describes three types of values: creative values, experiential values, and attitudinal values. The first two can be taken away by life situations and, for our purposes, old age. The attitudinal values, however, cannot be taken away. Frankl sees as the highest challenge and the deepest meaning in these attitudinal values "the freedom of choosing one's response to this last challenge."¹⁸ "Meaning of life is created by each person through the choices he [she] makes. Everyone has the freedom to make these choices and must accept responsibility for them."¹⁹ This ability to choose is instrumental in maintaining dignity and in finding meaning in one's life. Despite the losses and limitations that often affect the extreme elderly, there are still choices that they can and should make for themselves. As long as cognitive functioning is not seriously impaired, the elderly person should be encouraged to make as many decisions and choices about their own lives as possible. There may be instances when the older person will need someone to show them the

¹⁷ See a discussion of Victor Frankl's analysis in Missinne and Willeke-Kay, 43-58.

¹⁸ Quoted in Missinne and Willeke-Kay, 46.

¹⁹ Missinne and Willeke-Kay, 45.

possibilities. "Older people need to see that choices still exist for them and that they have the freedom of changing if necessary so that they can face the final challenge with courage and dignity."²⁰

It is a very real challenge for pastoral caregivers to aid the elderly through the process of loss and grief in such a way as to facilitate their ability to see beyond the pain and to find hope. A further challenge is to encourage them in discovering meaning in their lives. The role of pastoral caregiver is an important one in this process as expressed by David Moberg:

At the core of all the problems and experiences of the aging are spiritual needs. Solutions to many problems can be found in the context of a community of faith; so can comfort, hope, and the assurance that justice eventually will be done by the Judge of all the earth. Comfort in time of sorrow, joy in the face of despair, spiritual fulfillment in days of deprivation, acceptance by God when rejected by human beings, and assurance of the eternal love of Jesus Christ are spiritual assets which help to provide meaning of life and a context of assurance and hope when earthly burdens are heavy upon one.²¹

As representatives of the community of faith, it is the job of the pastoral caregiver to bring this gift of healing to the elderly who may no longer be able to participate in regular church attendance and worship. There are at least two basic elements involved in such a ministry. The first is to be present to and with the elderly person. Sadly, it is all too often the case that the elderly person is left to deal with his or her losses and griefs alone. If the person is no longer active in the church,

²⁰ Missinne and Willeke-Kay, 57.

²¹ Moberg, 178.

their times of loss and sorrow may not even be known. This is one reason that an intentional ministry with the elderly and especially to those who are vulnerable and at risk is of paramount importance. The second basic element is that those who are engaged in such a ministry need to have come to terms with their own aging. One cannot truly be present to an aging person if they are still fearful and anxious about aging in themselves. In order to be truly present, to join a person in their struggle, a pastoral caregiver has to recognize old age as an integral part of the entire life span and to see it as a time of possibilities and potential.

Considering the conditioning we have all received from the culture in which we live, this is not always easy. It is, however, critical to an effective ministry with the elderly. Abraham Heschel listed four basic spiritual ills of the aged: “a sense of inner emptiness and boredom, the sense of being useless to and rejected by family and society, loneliness, and fear of time.”²² It is the role of the pastoral caregiver to alleviate these spiritual ills, not exacerbate them by communicating their own fears and biases on some level.

On a practical level, the needs of older adults addressed in such a ministry must be explored. Thomas Robb compiled a list of needs in older adults that are appropriate for any church to consider in a ministry to older adults.²³ For our purposes here, those needs pertaining to the frail elderly will be the ones

²² Heschel, 38.

²³ Robb, 31.

mentioned. First, Robb mentioned a need that we all share and that is for acceptance and affirmation. We all need to feel accepted and have our gifts affirmed. The elderly are no different unless the need is even greater in a society that tends to see the aged as useless and sometimes a burden. It is essential that each person be accepted for who he or she is, a child of God, and those talents and gifts the person has are appreciated and utilized. This fits in with three other needs that Robb mentioned. One is that each person, no matter what age, need satisfying ways to be creative and useful. One way to affirm a person's gifts is to encourage that person to use those gifts in a constructive way. Even someone who is severely limited can still be productive. This may require a certain amount of creativity on the part of the caregivers and the church, but the rewards will be great. So many of these elderly persons have knowledge and gifts to share with others that it is a loss for them and for others if these gifts are not used. This in turn fits in with another need which is the need to share with and care for others. Helping a person find a way of using his or her gifts helps fill this need as well. This also helps fulfill the need of the person to have a sense of value and worth. The culture in which we live values productivity and contributing to the welfare of others. We are conditioned to feel this is essential to our value and worth in society. This need is not something we outgrow just because we happen to live into the fourth quarter of life. There are many gifts still to be shared with others such as the knowledge and wisdom gained over a long life.

Another basic need specified by Robb is that of needing guidance and support when working through grief. When we consider the number of losses with which the elderly must cope, providing support and guidance becomes an important aspect in any ministry with this population. It is crucial, then, for the pastoral caregiver to be aware and alert to the different stages in the grieving process.

There are several different ways of outlining these stages, but for our purposes we will use Howard Stone's listing in his book The Caring Church.²⁴ One has to remember that these stages do not occur in any particular order or is each stage as pronounced in individual cases. The first stage is generally that of shock. Even when the loss is expected, there is often shock when it really happens. Another stage is that of catharsis. We might see hysteria, crying or other manifestations of this stage. The individual experiencing the loss may need some time alone during this stage in order to come to terms with the pain. A third stage is depression. This particular stage may last quite a while and may be accompanied by physical disturbances. Even though a certain amount of depression is normal, a caregiver should be especially alert during this stage. It might be possible that specific medical or psychological help is needed for the individual. After a death, there is often a feeling of guilt. There can be concerns about how the deceased was cared for, regrets for things in the past, or even guilt

²⁴ Howard W. Stone. The Caring Church: A Guide for Lay Pastoral Care (San Francisco: Harper & Row, 1983), 68-72.

over the relief at having someone who has been ill and suffering for a long time finally gone. There is also a time when the individual is preoccupied over the loss. This is a normal reaction unless it becomes an obsession. Anger is another common reaction. This can appear as anger toward the deceased for leaving them, toward other individuals or as a veiled anger at God. This may be one of the most difficult stages for the caregiver, but is important that the person be allowed to express his or her feelings, even negative ones. Finally comes the stage of adapting to reality. When the grieving process has run its course, the person is open to new possibilities for the present and for the future.²⁵

As pastoral caregivers, there are a number of things we can do to help persons through this grieving process. First, we can encourage the person to express their feelings, positive and negative. It is important that we do not try to divert the person from talking about their loss and related problems. It may be difficult for us to listen, but the grieving individual needs to express his or her loss.

Listening is more than hearing with the ear. It is entering into the inner world of another with the purpose of being with, accepting, understanding, and helping the person understand his or her own self. It results also in helping the person arrive at decisions as to what actions are needed to resolve or live with the present life situation.²⁶

Along with this, we should not be afraid to talk about the person or situation that has been lost. We also must not be afraid to cause tears or emotional pain. Our

²⁵ Stone, 68-72.

²⁶ Rudolph E. Grantham. Lay Shepherding: A Guide for Visiting the Sick, the Aged, the Troubled, and the Bereaved (Valley Forge: Judson Press, 1980), 39.

presence will provide a cushion for the person experiencing the pain. The individual will draw strength from a caring presence. Visit the person often, especially the first two months after the loss. Encourage the person to see that life is not over, there are other things that make life worth living. We should also encourage the person to keep as active as possible. Having other interests will help with the depression. Along with this, encourage the person to begin doing things for others. This helps them find meaning in their lives. Throughout the process, be extremely careful to keep all that is expressed to you in complete confidence. Any break in confidentiality will cause the person further pain and will destroy the trust they have in you.²⁷ The pastoral caregiver can play an important part in the healing as an elderly person works through the grief process. The grief may be occasioned by the loss of a loved one or any of the other losses that come with old age. Later in this project, the grief that comes from the loss of independence will be specifically addressed as well as the role of the pastoral caregiver in that circumstance.

Another need of older adults that must be considered in a ministry with that group is the sense of community, fellowship and belonging. As a person becomes less active due to failing health or loss of an important function, this need is often not met. We all need friendships with persons of all ages and the opportunities to form significant relationships. When one cannot get out to church or social

²⁷ Grantham, 39-40.

functions, these opportunities are severely limited. Any intentional ministry with the elderly should make this a priority. The elderly individual should be included in worship and church activities to the extent that the person is able. It may be a simple thing like providing transportation or it may involve regular visitation. If the person is no longer able to attend at all, he or she can still be recognized as part of the community. Regular visits by persons of different ages, receiving the newsletters and/or bulletins, phone calls, receiving Communion with several members of the congregation present, all serve to help fill this need. There are a number of other ways to keep the person feeling part of the church family. Some task that is compatible with a person's physical limitations can help the person feel like they are a contributing member of the congregation. There are things that people can do from home such as making phone calls, preparing newsletters for mailing, or being part of a prayer chain. These are all important tasks that can be done by those who are no longer mobile.

All of these needs that Robb gives for the elderly are universal needs that we all have. The difference is that in the elderly, these needs are all too often not met. Any church and congregation who wishes to create a ministry to and with the elderly in their congregations should devise ways appropriate to their particular circumstances to meet these needs. It is a loss to everyone when our older adults are put on a shelf and forgotten. Their needs are just as real as any of our needs

and their skills and talents can be of benefit to the community as a whole and to us as individuals.²⁸

Seward Hiltner developed three cardinal points for a theology for older people which pastoral caregivers should keep in mind. The three points are: “confrontation of loss as loss, pursuit of depth rather than mere breadth in fulfillment, and adaptation of vocation and responsibility.”²⁹ The role of the pastoral caregiver is to enable the elderly to accomplish these points or goals and in so doing to encourage hope and help make life meaningful.

Disengagement: Myth or Reality

The theory of disengagement of the elderly is basically that there is a “mutual withdrawal of the aged from society and society from the elderly in order to insure society’s optimal functioning.”³⁰ There is some truth to this on a practical level. As the elderly begin to experience health and functioning problems and as the stamina decreases, they do tend to disengage from some of their activities. This withdrawal is not necessarily by choice, however. For the purpose of this study, disengagement from the perspective of the church must be considered. Many times, older members just gradually disappear from our

²⁸ Robb, 31.

²⁹ Seward Hiltner, “A Theology of Aging,” in Aging and the Human Spirit: A Reader in Religion and Gerontology, eds. Carol LeFevre and Perry LeFevre (Chicago: Exploration Press, 1981), 53.

³⁰ Georgia M. Barrow and Patricia A. Smith, Aging the Individual and Society, 2nd ed. (Los Angeles: West Publishing, 1983), 77.

congregations. They attend fewer functions, their attendance at regular worship becomes less frequent and then they stop coming altogether. Because it is such a gradual process, their gradual disengagement is often not noted.

There can be a number of reasons for this disengagement. The most obvious is that there has been a change in health or mobility. There are a number of other reasons or causes that may be more difficult to determine. The church or worship may have changed and they are no longer comfortable with the style of worship. They may feel unwanted by other members of the church community. Transportation may be a significant problem. Reduced income can cause them to feel embarrassment over their ability to contribute or even in their clothing. As has been mentioned before, the church facilities may be difficult for them. There may be stairs or too far to walk from the parking lot to the church buildings. It may be either too cold or too warm for them to be comfortable or there may be drafts. They may not be able to read the prayer books or hymnals because of failing eyesight. If there are hearing problems, they may not be able to hear or follow the service. They may also be limited from attending because they care for a homebound spouse or other relative. Finally, they may have moved to other living arrangements that are not convenient to the church. These are only some of the reasons why the elderly become disengaged from the church. But, these are reasons that an intentional ministry to the elderly should address. It is not too likely that an older person will just decide they no longer need to attend church.

There is some evidence that religious activities and beliefs are important to good personal adjustment in old age.³¹

Any ministry with the elderly should include making our older members feel needed and wanted by the community. This is basic to all persons regardless of age. A sense of belonging is an important part of feeling of self-worth and self-esteem. They have so much to offer and contribute to the community as well. There are a number of practical issues which need to be considered. The cost of various activities should be considered for those with limited incomes. Their wishes should be considered in worship planning and they should be encouraged to help in worship services. Committees and boards within the church could benefit from their years of experience and their talents. The facility itself should be examined for those things which might impede the elderly from attending.

If transportation is the problem, rides could be provided. In the case where a person cannot attend because of caring for a homebound relative, volunteers could stay with the relative occasionally in order for the caregiver to attend worship, classes, or meetings and even some respite care could be provided for non-church related activities. Just making it possible for the caregiver to get out occasionally is a real ministry to both persons. To be of further assistance, regular visitation by members of the church would help keep both parties within the community. Tapes of the services, regular bulletins, and bringing Communion to

³¹ Robert M. Gray and David O. Moberg, The Church and the Older Person (Grand Rapids: Eerdmans Publishing, 1962), 60.

the home would also benefit both persons. Most importantly, however, care should be taken that elderly persons do not become disengaged from their church and faith community because of outside circumstances over which they have no control. As pastoral caregivers, we have to be aware of the difficulties our elderly may face and enable them to remain as involved in church activities as they are able to be and want to be.

Homebound Elderly

For some elderly, there comes a time when they are homebound. In a study by James Ellor and Sheldon Tobin, four distinct types of homebound elderly were identified.³² The first are the temporarily homebound. These are individuals who are recovering from an acute illness and will eventually return to an active life. While these persons need visitation and services, their situation is more likely to be known by members of the congregation and/or the pastor. Specific home ministry is short term. The second type of homebound are what Ellor and Tobin called “service shut-ins” and this group is not generally recognized by churches. They are homebound for reasons other than severe physical disability. They attend church occasionally and will tell the pastor that everything is fine. They experience limitations such as lack of transportation or emotional reasons such as unresolved grief. They may be quite lonely and feel as though they are becoming detached from the church. Many of these persons are the ones discussed earlier in

³² James Ellor and Sheldon Tobin, “Beyond Visitation: Ministries with the Homebound Elderly,” Journal of Pastoral Care 39, no. 1 (March 1985): 13-14.

the section on disengagement. "Because they were not recognized as homebound, they were not visited and services not provided."³³

The third type is comprised of the caretakers of the elderly. These persons, usually women, are unable to leave home because there is no one available to care for their husband or possibly their extremely aged parent. The fourth type is the chronically sick or bedbound. These persons generally have several physical limitations as well as emotional problems. Ministry with this type of homebound can be enhanced by collaboration with social service and health care agencies. The issues and concerns of each of these types is different requiring different methods of ministry, but illness and loneliness are common to all four.

It is interesting that in this study, the purpose of the church's ministry to shut-ins was perceived differently by the clergy and the elderly participating in the study.³⁴ The clergy saw the primary purpose of the visitation was to show concern for the person. Only 25 percent mentioned that it was to meet religious and spiritual concerns. The 73 seniors responded quite differently. The primary purpose of the visitation for 46 percent of the seniors was to provide a religious experience and 40 percent mentioned it was important in keeping in touch with the church. Showing concern for the person was also mentioned by 40 percent of the

³³ Ellor and Tobin, 13.

³⁴ Ellor and Tobin, 15.

seniors. It is apparent that church visitors represent the church and the faith community to these seniors as well as being caring visitors.

Although we will deal more specifically with ministry to those homebound of particular relevance to our subject, four basic principles for a positive ministry to all homebound were suggested as a result of this study.³⁵ The first is that a positive ministry should address the needs of the whole person: body, mind, and spirit. This holistic approach is endorsed by a number of writers on the subject of pastoral care to the elderly. The second principle is that such a ministry should reach out to all persons who have a need. Confused and depressed elderly may need the ministry as much or more than others, but are not able to express their need. The caretakers of these persons also need a great deal of support. This may indicate practical steps such as locating someone to relieve the caretaker or at least to know of resources available that provide this service.

The third principle is to utilize the shut-ins in ministry. This is ministry with the elderly, not simply ministry to the elderly. Perhaps they can make phone calls for the church. Folding and stuffing church mailings is still another activity that many shut-ins can help accomplish. For some elderly homebound persons who are severely physically impaired, it could be a matter of providing lists of persons who need intercessory prayer. This cannot be a matter of creating jobs or busywork, but a real expectation that they continue in ministry with the

³⁵ Ellor and Tobin, 18-19.

appropriate praise and support for a job well done. For those who feel useless and inadequate or even like they are a burden on others, this can be extremely valuable in building up their self-esteem. The need to feel like a contributing member does not end just because someone gets older. It is a need we all share.

The final principle is that all possible resources for ministry should be utilized. The clergy cannot do it all. The laity must be involved. Theological and human concerns must be incorporated into such a ministry as well as coordination and training of the visitors. There needs to be a comprehensive directory of available resources within the community and a listing of volunteers within the congregation who are willing to provide practical services such as driving someone to church, fixing a meal, doing yard work or minor repairs, or any number of other things that will enable the person to function in the home.

Another element of pastoral visitation that is not considered above but seems equally important to the homebound elderly is the ministry of Word and sacrament.

They, more than any other age group, need to hear the objective Word of God coming to them from outside their reminiscings and ruminations, the erosion of hope, the emerging fears that are so much a part of growing older.³⁶ They need to hear that they are worthy of salvation. Forgiveness and reconciliation are issues that must be dealt with as are fears of abandonment. They need to hear of God's free and unmerited grace. Scripture and prayer are

³⁶ Arthur H. Becker, Ministry with Older Persons: A Guide for Clergy and Congregations (Minneapolis: Augsburg Publishing, 1986), 175.

both important and a discussion or a dialogue on the readings is also helpful.

Audiotapes or videotapes of the service are also appropriate. “The main purpose of pastoral visitation, particularly to older members of the congregation, is to personalize the promise of the saving grace of our Lord Jesus Christ.”³⁷ Even when there is a comprehensive lay ministry to the elderly, it is important that the pastor also visits because the pastor is perceived as the “official representative of the church and as the official ambassador of Christ.”³⁸

Although there is denominational variation in the theological implications of Holy Communion, this is an important aspect of pastoral visitation. For many elderly, it is a concrete expression and an assurance of the reality of God’s grace. “One of the messages the Lord’s Supper conveys is that the recipient is enfolded once again and into the whole family of faith; the isolated homebound person becomes a part of the whole congregation.”³⁹ It is a good idea to have others, family or members of the congregation, participate as well so that there is a real experiencing of fellowship. There also should be care taken with the aesthetics. This is a special occasion and it should appear as such.

In order for the person to maintain a closeness to the church and the congregation even though unable to attend, the homebound elderly should be on

³⁷ Becker, 178.

³⁸ Becker, 178.

³⁹ Becker, 184.

mailing lists and regularly receive the bulletins and newsletters. Phone calls from members of the congregation are also helpful. Cheerful cards and occasional notes from members of the congregation would also be appropriate. These need to be done in addition to regular visitation. "Homebound elders are eager to remain involved in the life of the congregation."⁴⁰

In this section, the homebound elderly have been discussed in such detail for two reasons. The first is that those who are apt to face a transition in their living arrangements are those who are initially limited in their mobility. The second reason is that unless a church has an intentional ministry to and with the elderly, these are the persons who are going to just stop coming and be forgotten. They will then be going through the losses and struggles of aging without the spiritual support of the church and the pastor and the church will lose a valuable resource. A study done on functional status of the elderly and church participation found the three primary reasons for a decline in church attendance among the elderly were poor physical health, poor economic resources, and inability to perform activities of daily living.⁴¹ In many instances, these factors can be dealt with by a caring pastor and congregation. Earlier in this chapter, there was a discussion of some practical ways to eliminate the barriers that prevent the elderly

⁴⁰ Becker, 182.

⁴¹ Rebecca G. Adams and Jean L. Brittain, "Functional Status and Church Participation of the Elderly: Theoretical and Practical Implications," Journal of Religion and Aging 3, nos. 3-4 (Spring/Summer 1987): 37.

from attending church. Eloise Rathbone-McCuan and Joan Hashimi, in their book on the isolated elderly comment on how the National Interfaith Coalition on Aging Guidelines affect this situation:

If a congregation adopts such an action strategy to better serve the elderly, two commitments become central:

1) developing responsibility to individual elderly persons in the form of immediate and personal supportive assistance, guidance with long-range personal planning, transportation, and creation of special groups.

2) structuring the internal activities of the church in a way that addresses the needs of the elderly through worship services, religious education and leadership, communications, and information sharing and advocacy.⁴²

If churches would make these commitments and be intentional in their ministry with the elderly, a great deal of the loneliness and isolation experienced by many of our older adults could be alleviated. It would also keep them from slipping through the cracks so that when they need pastoral care and/or spiritual guidance, it would be readily available. The pastor and congregation would be aware of the situation of the elderly person on an ongoing basis. During times of loss and transition, support would be available. This is particularly crucial in light of our focus on the losses experienced by the elderly, the ultimate loss of independence, and the transition from independent to various degrees of dependent living arrangements. In the following chapter, the actual process involved in this particular transition and the role of the pastoral caregiver in the process is examined. The various options available to the elderly are outlined as well.

⁴² Eloise Rathbone-McCuan and Joan Hashimi, Isolated Elders: Health and Social Intervention (Rockville, Md.: Aspen Systems Corp., 1982), 130.

CHAPTER 4

The Decision to Move from Independent Living

Factors Leading to the Decision

There are a number of factors that play a part in the decision to alter one's living arrangements. At any age, this is not a decision easily reached. For the elderly, when the decision leads to a less independent life style, this decision is even more difficult. A consideration of some of those factors is needed. There are three levels to consider. First, the factors that impact the elderly to the extent that they reach this decision will be examined. Secondly, the role of the family and the factors that create this crisis point for them will be explored. Finally, outside sources and the role they play in leading to this decision on the part of the elderly person and/or the person's family will be discussed.

Home, no matter what it is like, is of primary importance to an older person.¹ This is true because home represents the familiar. Not only is the house or apartment familiar, the furniture and possessions are also familiar. They are a tie to the past as well. Memories are bound up with the things in one's home. The neighborhoods and the people are also familiar. A move will be to unfamiliar surroundings often among strangers. There may be pets that provide affection and companionship to the elderly person and a move to a less independent living

¹ Tilberg, Fullness of Life, 84.

arrangement may mean giving up the pet. This can be a terrible wrench for a person who has been alone except for their pet. Besides, there is the decision about what to do with the animal that one will no longer be able to have. "When we take seriously the significance of home, it is not hard to understand why the elderly often resist moving, even from what appears to others to be undesirable quarters."² In his discussion of the meaning of home to an elderly person, Robert Butler in his book, Why Survive? Being Old in America, wrote the following:

The place where one lives is often profoundly connected with who one is and how one expresses the sense of self. Home is where all individuals feel most comfortable to be themselves, to drop social facades. Many older people also associate home with autonomy and control, for them it is sometimes the only place where they can feel certain of their surroundings free from the control and restraint of others.³

Health and ability to function independently are undoubtedly the primary factors involved in an elderly person remaining in their own home. Once health fails and one or more functions are lost such as eyesight, hearing or mobility, the ability to remain completely independent becomes questionable. This is especially true in cases of cognitive impairment. If the person is alone, loss of health and physical or mental function can lead to a dangerous situation. The ability of a person to function adequately in a particular place or situation depends on the conditions and expectations of the surroundings as well as the person's capacities.⁴

² Tilberg, Fullness of Life, 84.

³ Butler, 103.

⁴ Sherwood and Bernstein, 56.

Most homes are not built with the elderly in mind. They often have too many stairs, high cupboards, windows that are difficult to open and close, poor lighting, poor heat and ventilation and even area rugs and slippery floors that can cause a fall. The elderly person may also suffer physically due to poor nutrition, an unsafe or unclean environment, and inability to get to medical assistance in an emergency or even for routine medical care. The more difficult it is for the person to get out of the home, the greater the chance of isolation. With isolation can come depression. This will be discussed more fully when the role of outside sources at this point of decision is examined.

Finances are another factor that impacts a person's ability to remain in his or her own home. Statistically, about seventy percent of older persons or couples own their own homes and of these, about eighty-four percent no longer have a mortgage payment.⁵ However, their housing costs remain high. Since their income is reduced, they spend a higher proportion of that income on housing even without a mortgage payment.⁶ They still have bills for fuel, utilities, upkeep and repairs and so on that must be paid. Since over half the elders live in pre-World War II homes, the houses are often large and difficult to heat and maintain. As they become less able to do the major chores and repairs, there are additional costs involved in hiring others to do the work. With so much of their income being

⁵ Tilberg, Revolution Underway, 34.

⁶ Tilberg, Revolution Underway, 34.

spent on housing, there may not be able to afford services that would enable them to remain in their own homes. Approximately one third of the elderly live in rental housing. Finances impact here as well. Steadily rising rents can create a problem for those on a fixed income. Other needs may not be met if an excess amount of their income goes for housing.

Location is a third factor that impacts an elderly person's ability to remain independent. Some elderly live in neighborhoods that are sadly deteriorating. They may end up prisoners in their own homes if they live in fear of crime and violence. The result is isolation and an inability to care for oneself. Location is also an important factor when it comes to transportation. Once an elderly person no longer drives, public transportation may become crucial. Transportation is the link to the community beyond. It is the way in which we can get to the sources of recreation, attend church and cultural events, do our banking and shopping, keep medical appointments and obtain needed social services.⁷ Lack of transportation can be a significant barrier to independent living on the part of the aged.

There are five factors that make for satisfactory housing. They are the quality of the home, the cost, whether or not the location is appropriate for the person's needs, convenient transportation and accessibility to the resources that help enhance life.⁸ If any of these elements are missing, independent living may

⁷ Tilberg, Revolution Underway, 35.

⁸ Tilberg, Revolution Underway, 33.

not be possible. A little later we will discuss the various options that are available to the elderly when independent living is no longer a possibility. Dorsia Carlson in the Episcopal Society for Ministry book Older Adults Ministry, has compiled a list of what to consider when assessing an elderly person's needs in living arrangements. The ability of the person to manage in these areas determines whether or not some sort of assisted living arrangement is necessary.

How well can the person manage:

1. bathing and using the toilet
2. taking prescribed medicine
3. handling money and paying bills
4. moving around the house safely
5. communicating with others when needs arise
6. preparing and eating nutritious meals
7. getting to and from medical appointments, stores, church, etc.
8. keeping in touch with friends and family
9. remembering and reporting actions or events⁹

The ability to function in these areas is necessary to independent living. If a person's health or ability to function is diminished or if finances or the location in which they live are not adequate, they may well not be able to function independently.

The family of an elderly person is often involved in the decision to move to less independent living. If the family lives near the elderly person, there is often help being provided on an informal basis that allows the elderly person to remain in their own home. However, concern about the location of the home or the adequacy of the home for the needs of the elderly person often lead the family to

⁹ Carlson, 76.

urge a move into other living arrangements. Crisis situations often bring this issue to the surface. When an elderly person is widowed is one such crisis. Concern for the surviving parent becomes acute at this time. Another crisis is an illness or injury that creates a need for more care than the family can provide and possibly precludes the person living alone at all. In these situations, the family often becomes more insistent in their desire for the elderly person to move either in with them or into some kind of assisted living facility. If the family lives at a distance, they will often insist that the elderly person move closer to them at least. Despite the good intentions, this is a situation that needs to be handled carefully. Adjustment to any move is more difficult if one feels they have no choice in the matter.

Living arrangements should be as appropriate as possible to a person's individual needs and circumstances at any given time. Since responsibility for this rest basically with the man and/or woman involved, a maximum of opportunity for her or his responsible decision-making should be encouraged.¹⁰

Enforced or coerced relocation of an elderly person should be avoided if at all possible. If such a move cannot be avoided, "interpersonal and environmental buffers" should be found that will increase the chance that there will be a timely and positive adjustment to the move.¹¹ This can be a difficult time for both the elderly person and the family who is concerned for that person's well-being. As

¹⁰ Tilberg, Fullness of Life, 85.

¹¹ M. Powell Lawton, "Environmental Change: The Older Person as Initiator and Responder," in Transitions of Aging, eds. Nancy Datan and Nancy Lohmann (New York: Academic Press, 1980), 189.

we discuss the decision-making process in a later section, we will examine how the pastoral caregiver can be of assistance to all concerned in this situation.

There are outside influences that play a role in the decision to move from independent living. According to Sherwood and Bernstein: “the passivity of the health system and the stereotypes of ageism can lead to instances where diseases progress undetected in elders, increasing the chances of prolonged disability and permanent functional losses.”¹² One of the most significant, especially in nursing home placement, is the medical community. It is often a doctor who decides that an elderly person can no longer live alone. This is often the case when there has been an acute illness or injury and the person is in the hospital. The doctor determines that it is unwise or unsafe for the patient to live alone. In such instances, the elderly person is given little time to prepare for the move either physically or emotionally. The family is also given little time to explore options that are available for their elderly family member. This is a very difficult move for all concerned.

Another outside influence that plays a part in the decision to give up independent living is the spectrum of social services available. These formal support services can fill gaps left by informal supports such as family and friends and enable the person to remain in their home. Such programs as Meals on Wheels, housekeeping services, and visiting nurses allow many elderly persons to

¹² Sherwood and Bernstein, 57.

remain in their homes as long as possible. There may come a time when these services are no longer adequate, but they can provide the assistance that many elderly require. There is a more extensive listing of services available in the first chapter. Not all communities will have all the services. Small towns and rural areas may have fewer services available than can be found in larger cities. In some cases, families and friends provide the services a community may lack.

The third outside source we have to consider here is the church. According to Andrew Achenbaum:

For over 30 years, gerontologists and leaders within certain denominations have been recommending grassroots outreach services and housing programs for older people, age-specific educational and recreational activities within religious facilities, special training for clerical and lay leaders who minister to the old as well as greater cooperation and coordination with secular agencies.¹³

There has been some progress made along these lines, but there is much more to be done. The church is in a unique position to offer a variety of services to the elderly at all points along their older years. In fact, the options available for a church with an intentional ministry are nearly endless. The first step in setting up such a ministry is to assess the needs of the elderly in the congregation and in the community. Second, a study of available resources in the community is advisable for two reasons. For one thing, there is no need to duplicate existing services. The other reason is that such a study can provide the information needed for a

¹³ W. Andrew Achenbaum, "Religion in the Lives of the Elderly," in Values, Ethics and Aging, ed. Gari Lesnoff-Caravaglia (New York: Human Sciences Press, 1985), 107.

referral service for the elderly and their families. It is often difficult to locate needed services especially in a time of crisis and urgency. Knowing who to contact and how to apply for the services is also a problem that the church could help alleviate by completing a comprehensive study of the community resources. Effectively, the church can operate as a liaison between the elderly client and the service provider.

Another role the church can fill is that of advocate for the elderly. Many, if not all churches, are not staffed or equipped adequately to provide some extensive services. A ministry to the elderly can and should operate to carry the needs of the elderly to the community and encourage groups and organizations to provide the services that will sustain and enhance the lives of those in the community. Encouraging the elderly to act on their own behalf in the community is also an element in this part of the ministry. One of the important aspects of this advocacy role is in helping to break down the barriers created by the ageism in our congregations, in our elderly themselves and in society as a whole.

Hands-on services for the elderly is another important role the church and a ministry within the church can and should focus on. Some of these forms of ministry have been mentioned earlier such as providing transportation and visitation. There are other ways in which the church can enhance the lives of their elderly as well. Some churches have a phone service which functions as a safeguard for their elderly by calling them each day at a specified time to make

sure they are not ill or injured. Other churches have a ministry which utilizes skills of members to aid their elderly. For example, a retired accountant may spend time helping the aged with their finances or a person skilled in tools may help with house repairs and maintenance. The newly retired are ideal for this type of ministry. They have the knowledge, the skill, and the time.

Another form this ministry may take is for the church to hold individual or group sessions with the older persons in their congregations and their families to help them look ahead to admission to some kind of congregate living facility.¹⁴ This advance preparation can help make the move a positive experience instead of a traumatic event. A further service in this area is to accompany the aged person through the admission process when the time comes. Another aspect of this kind of ministry is in the formation of groups, support and information groups, for the families of the elderly on how to help their older relatives. Failing health and loss of independence are very difficult for the older person but it is also difficult on the family members. With more women working, the additional care that is required by the frail elderly is an additional load on an already full schedule. Support and information on options available can help these families cope with the situation in a constructive and positive way.

The creation of educational and recreational groups for the senior members of a congregation is essential to an intentional ministry with the elderly. These

¹⁴ Tilberg, Fullness of Life, 96.

groups help prevent the aged from becoming isolated and stimulate them mentally and spiritually. The need for social interaction does not disappear with age. As a community and a fellowship, it is appropriate for the church to provide the opportunities for this kind of interaction. Two aspects of this kind of programming are important to consider. First, the groups and programs should be geared to the interests of the elderly members. The elderly themselves should have substantial input as to what types of programs should be presented and the what subjects they would like to have in the classes. There are a number of possibilities. Classes dealing with the practical aspect of their day to day activities such as proper nutrition, available services, different options in living arrangements, and so on are one possibility. Other options might be Bible study, a series of classes on prayer, a series of personal autobiography sessions or any number of other subjects which will enrich the participants both spiritually and mentally.¹⁵ Second, there are practical matters that must be taken into consideration. Where are the classes and programs to be held? Is the place accessible for canes, walkers, or wheelchairs? If there are to be refreshments, are there special diets to be considered? Many older persons are on salt free or diabetic diets. How can transportation be arranged so that those who no longer drive may attend? What time of day is the best for those who may not be

¹⁵ For further information on how to conduct a series of personal autobiography sessions, consult the book, Guiding Autobiography Groups for Older Adults: Exploring the Fabric of Life by James E. Birren and Donna E. Deutchman (Baltimore: Johns Hopkins University Press, 1991).

comfortable going out at night and may require a longer period of time to dress and get ready to go out? These kinds of issues are important in any planning for the elderly.

Finally, the importance of pastoral care and counseling must be considered. The previous chapter included a discussion of the numerous losses experienced by the elderly and the importance of going through the grief process. This is one area that pastoral care is especially useful to the elderly person. Another area is in making important decisions about their future, especially when it comes to making a life style change. The pastoral caregiver or counselor is in the position to listen, to really hear, the doubts, fears and anxieties that the person has over making such a move. The caring presence provides needed support during this decision-making process. As a less personally involved third party, the pastoral caregiver can function to clarify issues and to provide a bridge between the aged person and his or her family especially when the move is a matter of necessity and not a voluntary decision on the part of the elderly person. Most of all, the presence of a pastoral caregiver provides the assurance that the person is not alone. God is present with and for them in this transition as well as in all aspects of their lives. Faith and courage are needed during times of transition, and the presence of the pastoral caregiver can assist the elderly person in discovering reservoirs of both within themselves.¹⁶ More specifics on the role of the pastoral caregiver in the

¹⁶ Paul Maves, Faith for the Older Years: Making the Most of Life's Second Half (Minneapolis: Augsburg Publishing, 1986), 44.

decision-making process will be discussed in the next section.

It is clear that the church and a ministry to and with the elderly is in a position to be of great service to the elderly in a number of ways. On one hand, the church's ministry can make it possible for the aging person to remain in their home and maintain their independence for as long as possible. This ministry can help fill the gaps not covered by other more informal support systems such as family and friends. Both the elderly person and the family can be served by such a ministry. If and when the time comes that the aged person must move to less independent living arrangements, the church's ministry can provide support and assistance through the decision-making process and help facilitate a good adjustment to the move once it is accomplished. An intentional ministry with the elderly is important in dealing with the social and emotional isolation experienced by many elderly persons. According to Rathbone-McCuan and Hashimi, this cannot be done if our churches make a "religious business as usual" response.¹⁷

The Decision-Making Process

When an elderly person reaches the point in his or her life when it becomes necessary to give up living independently, it is important for the pastoral caregiver to approach the person with the understanding that this is a time when the issues of hope and meaning of life are crucial to the person. As has already been mentioned, by the time this point arrives in the life of an elderly person, there have

¹⁷ Rathbone-McCuan and Hashimi, 127.

already been a number of significant losses in their lives. They are undoubtedly dealing with a loss of health and function at this point. They have lost family and friends. Their financial situation may limit their choices of where to live and now they are facing the double loss of their home and their independence. This can be devastating for the aging person.

There is a related issue that we have touched on before, but it is important enough that it needs to be mentioned again at this time. The elderly individual must be involved in the decision-making process as much as possible. It is so important that the person sees that there are still choices available to them. This cannot be stressed too much or too often. It is all too frequent that in a desire to help and protect an elderly person, we make their decisions for them and treat them like children instead of adults with years of experience and wisdom. “The moral would seem to be that our planning and service delivery should be careful to provide choices for people at all points of the continuum of competence and mobilize all possible means of making people aware of these choices.”¹⁸ Including the person in the decision-making process enhances the feeling that the person still has control over his or her own life. Difficulty in adjustment and feelings of abandonment result when the individual is given no options and the move is involuntary.¹⁹

¹⁸ Lawton, 190.

¹⁹ Patricia Johnson and Mary Jane Van Meter, “Family Decision Making, Long-Term Care for the Elderly, and the Role of Religious Organizations:

Mary Jane Van Meter and Patricia Johnson outline the steps of a good decision-making process. The steps are:

- a) recognizing the need for a decision and defining the problem,
- b) identifying and weighing appropriate alternatives, and
- c) choosing from or resolving the available alternatives.²⁰

They further list the basic criteria for high quality decision-making. These criteria are:

- a) thoroughly canvassing a wide range of alternatives,
- b) surveying the full range of objectives to be fulfilled and the values implicated,
- c) carefully weighing the known costs and risks of negative and positive consequences flowing from each alternative,
- d) searching for new information which would help to evaluate the alternatives,
- e) taking account of any new information even if it does not support the course of action preferred initially,
- f) re-examining the positive and negative consequences of all known alternatives before making a final choice, and
- g) making detailed provisions for implementing the chosen alternative with contingency plans available if known risks actually materialize.²¹

Following these criteria helps to minimize any regrets on the part of the individual and the family. With this in mind, it becomes clear that some of the preliminary investigation of options and alternatives should be done before a crisis exists. At the time of crisis, there may be a very limited amount of time in which to make the decision. In such instances, it is difficult if not impossible to determine what

Part I, The Issues and the Challenge," Journal of Religion and Aging 1, no. 3 (Spring 1985): 68.

²⁰ Van Meter and Johnson, "Part II: A Review," 61.

²¹ Van Meter and Johnson, "Part II: A Review," 61.

alternatives are available and which would be the best option for the individual involved.

Because human beings are reluctant decision makers and because this is especially true when making really important decisions such as giving up independent living, clergy are often called upon to help with the process. If a pastoral caregiver has established a relationship with the elderly person and the family, he or she may be asked to assist in this process either with or instead of the pastor. It is important that this person, clergy or trained laity, refrains from taking sides and avoids making the decision for the family.²² The clergy person or the pastoral caregiver can be of help to the elderly individual and the family in several ways. Being aware of the resources in the community is one way to be of assistance. Another way is by understanding the importance of getting the family and the elderly person to work together to make the decision. Finally, the clergy person or pastoral caregiver can help resolve the problem by guiding them through a rational decision-making process.²³ This requires sensitivity because there are often conflicts within families and this is an emotional situation for all concerned.

There are several aspects of the decision-making setting that can help insure that the best decision is made. The first step is to hold a family conference. This

²² Van Meter and Johnson, "Part II: A Review," 70.

²³ Mary Jane Van Meter and Patricia Johnson, "Family Decision Making, Long-Term Care for the Elderly, and the Role of Religious Organizations: Part III, Interventions for Religious Professionals and Organizations," Journal of Religion and Aging 1, no. 4 (Summer 1985): 75.

might be at the pastor or pastoral caregiver's suggestion and should be held at a family member's home so that the pastor or caregiver can evaluate individual psychodynamics, family interaction, living arrangements, neighborhood supports, and financial status.²⁴ It is very important that the elderly person be included in the conference as much as possible. If the person is unable to be there, he or she must be informed of what is going on. If other family members cannot attend, they should be included in the decision-making process through telephone calls. There are three criteria as to what family members should be included in the conference. These criteria are: "a) Who is most concerned?, b) Who is most affected?, and c) Who has the resources to offer?"²⁵

During the decision-making process itself, the pastor or pastoral caregiver functions as a "decision counselor."²⁶ In helping to identify the problem, the pastor or caregiver's role is to deal with the older person directly in order to make very clear the mental condition and capabilities of the person. There is a real need to determine how the day to day living arrangements are affected by the person's physical and mental condition. The pastor can help the family in assessing the activities that the elderly person can realistically carry out independently. The pastor or caregiver can help the family determine who is actually willing to make a

²⁴ Van Meter and Johnson, "Part III, Intervention," 77.

²⁵ Van Meter and Johnson, "Part III, Intervention," 78.

²⁶ Van Meter and Johnson, "Part III, Intervention," 78.

commitment to the care of the elderly person in terms of time, energy, and material resources.²⁷ Caution is needed here. The commitment must be realistic and not a result of the emotion of the moment. The decision counselor can help determine if the commitment is something the family or family member can realistically keep.

The next step is to assess the alternatives based on the commitment expressed by family members and the available resources in the community. Weighing the alternatives comes next. This step must take into consideration the mental and physical capacities of the elderly person as well as their feelings and wishes. The pastor or caregiver can help the family to view the situation realistically.

Once the point of actually making the decision arrives, the pastor steps back. His or her role from that point on is to be as supportive as possible to all parties involved. Perhaps, a week or two after the decision has been implemented, the pastor can help the elderly person and the family evaluate how the living arrangement is working out. If adjustments or changes need to be made, the pastor can help implement them.

The pastor or caregiver's role in the decision-making process can help in the adjustment and well-being of all concerned. The family often feels pressured to make a decision because of a crisis situation involving the elderly person such as an accident or illness. As mentioned earlier, it may be very likely that a doctor

²⁷ Van Meter and Johnson, "Part III, Intervention," 81.

has judged that the person is no longer able to live alone. Family members experience a number of emotions in this situation and family conflicts are apt to surface. Grief at seeing someone they love failing, guilt that there is not more they can do, and resentment at the additional responsibility are just some of the emotions which this kind of a situation can trigger. The pastoral caregiver can provide the compassionate, non-judgemental support that family members may need. The elderly person may be very resistant to the idea of giving up living independently and leaving his or her home. There is a strong desire on the part of the elderly to stay in their homes. Robert Butler explains this desire to remain in the home as being due to “pride, a desire for freedom and independence, a need to be in contact with familiar people, places, and things, and anxiety about change and the unknown, which can be especially frightening in old age.”²⁸ The support of the pastoral caregiver is invaluable here as well. To have someone who cares but is not emotionally involved guide the family through the decision-making process helps insure the best decision is being made and that a positive adjustment follows. An additional benefit is the spiritual support that a pastoral caregiver is in a unique position to provide to the elderly person and to the person’s family.

Options Available: The Continuum of Possible Living Arrangements

The elderly have differing needs and circumstances and the continuum of living arrangements reflects these differences. It is important for the elderly

²⁸ Butler, 104.

person, as it is with anyone else, to have their needs met, but also to have the opportunity to live up to their potential. When moving from independent living, it is advisable to consider carefully the needs, the circumstances, and the potential of the elderly person. In the last chapter, there was a brief discussion of Bernice Newgarten's three-part categorization of the elderly based on health/independence issues rather than chronological age. The categories are "the young old," "the old," and "the old old."²⁹ The "old" and the "old old" are what we are considering here. The "old" require semi-independent living arrangements while the "old old" are those who need full time medical care and are unable to live independently due to physical limitations. What this indicates is that the elderly may be faced with a change in residence and the need to move into unfamiliar surroundings as their health and ability to function independently declines. As their resources diminish further, they may need to make living adjustments all over again. This may well be the case even if the initial move from totally independent living is into a home with their children or if they live semi-independently in their own homes with supportive services.

The least supportive living arrangements are in conventional housing; houses, apartments, and condominiums. This can become semi-independent living with the use of informal and formal supportive services. Generally, family and friends take over some of the heavy chores, providing transportation, and so on.

²⁹ See Sullender, 138.

Eventually, as health and function decline, formal services may be needed. These formal supportive services include such things as Meals on Wheels, visiting nurses, homemaker-health services, chore assistance, telephone reassurance, and visiting.³⁰

Living with family members is also an option as a semi-independent living arrangement. For the elderly person, living with family means they are not alone as health fails and there are others to take on responsibilities as they become too difficult for the older person to handle. This is an important decision for the family to make. Several things that need to be considered are the personalities involved, the size of the house, the needs of children and young people, the health and financial circumstances of the family, and the degree to which this move might cut off the elderly person from friends and reduce his or her independence and dignity.³¹ For some elderly, this arrangement eventually becomes more of a total care arrangement as they fail and require more extensive care. For others, however, the family cannot provide the care they need and they ultimately move into skilled care facilities or nursing homes.

Those living arrangements which offer more support services are retirement communities. This category includes mobile home parks, retirement villages, retirement apartments, and retirement hotels. These facilities offer a variety of

³⁰ Tilberg, Fullness of Life, 88.

³¹ Tilberg, Fullness of Life, 89.

services usually including security, home maintenance, social activities, and community facilities.³² Another semi-independent living arrangement is a shared living home where two or more unrelated persons live together and share expenses. This option is generally for those who are unable to live completely independently, but are too functional to require institutional care. Most of these shared living homes have a small staff who provide meals, maintenance, and other services not including personal care or medical care.³³

The final option in semi-independent living is the board and care or foster home. This is usually a home in the community that takes in several elderly for a small profit. There may be some personal services available as well as meals, but caution should be used. Many of these board and care homes are not licensed and the quality of care is not uniform.³⁴

There are other creative ways that those needing a semi-independent living arrangement have their needs met. For those who have adequate finances, a live-in companion might be the answer. The older person could stay in his or her home and have someone to provide the services such as meals, chore service, and transportation. Unfortunately, these companions are not easy to find and most elderly could not afford to hire them. This is another instance where the

³² Kimmel, 502.

³³ Kimmel, 502.

³⁴ Kimmel, 502-03.

personalities of both parties need to be considered. In other instances, several older persons might decide to live together. In this way, they can share expenses, divide up the chores around the house, and be there for one another. As long as they are in reasonably good health, this can be a good solution.

The most supportive living arrangements are life care facilities and skilled care facilities or nursing homes. The life care facilities offer a range of housing from self-sufficient living in a cottage or apartment to acute and chronic medical care all in one location.³⁵ There are a number of advantages to living in one of these facilities. Social activities, meals, and available medical care are all positive aspects of this kind of facility. The two primary advantages are that they help maximize the potential of an individual even when health is failing and one does not have to completely change residence because of a decline in ability to function. There is also the ability to alternate between levels of care; quite independent, intermediate, and total care. The major disadvantage is cost. A great number of elderly persons cannot afford the financial investment that these facilities require.

When an elderly person requires a great deal of medical and personal care, a skilled care facility is often the only available option. Between twenty-five and forty percent of the elderly will enter a nursing home at some point in their lives.³⁶

³⁵ Kimmel, 503.

³⁶ James M. Winjum and William O. Avery, "CPE in a Geriatric Facility: An Excellent Setting for the Basic Unit," Journal of Pastoral Care 11, no. 3

For some, nursing home care is a temporary measure while they recover from an acute illness or injury. For others, however, the nursing home or skilled care facility is their final home. Because the quality of these facilities varies a great deal, choosing the right facility is an important step. Finances again have an impact on the choices available. Since it is often the family who must make this decision and in many instances the decision must be made quickly, help at this time is invaluable.

This is a broad outline of the options in living arrangements that are available for the elderly in our society. Some of the facilities discussed are private and others public. Some are run by churches and others are run by fraternal organizations. Within these broad categories, there is a great variety in services offered. Having to make a hasty decision can be a problem.

When dealing with this difficult subject of declining health and independence/dependence, there is no substitute for advanced planning. The more we can anticipate our future health limitations and make plans accordingly, the easier time we will have with these transitions when they arrive.

Planning ahead is possible only if we have dealt with our feelings about our present and future losses in health. If we deny those inevitable changes, we will avoid making plans and probably, when the time comes for a necessary relocation, the decision will be made for us rather than by us.³⁷

(September 1986): 197.

³⁷ Sullender, 139.

In the next chapter, the pastoral care needs in each of these settings will be considered. In addition, there will be an examination of the ways in which pastoral caregivers can meet those needs.

CHAPTER 5

Pastoral Care with the Frail Elderly

Pastoral Care in General Terms

If there are two principles that have for centuries informed the pastoral care tradition of both the Christian church and the Jewish community, they are that the care of the religious community be extended to all persons at all ages and that such care should include in particular the care of persons with special needs -- the sick, the widowed and orphaned, the aged and infirm.¹

These two principles are basic to our beliefs and our traditions in the Christian church. They are also fundamental to our discussion here. In an earlier, chapter, there was an discussion on the ethical imperative we have as Christians to care for others and to serve, diakonia. This chapter deals with the practical aspects involved in pastoral care to the frail elderly. It begins with some general guidelines and practical methods that are applicable to all elderly. A discussion of specific forms of pastoral care to those elderly living in specialized living arrangements or institutions follows.

The Reverend Thomas F. Kennedy, Chaplain at the A. Holly Patterson Home in Uniondale, New York, compiled a list of basic human needs that in his experience working with the elderly, he found to be central to pastoral care of this

¹ Charles V. Gerkin, "Pastoral Care and Models of Aging," Journal of Religious Gerontology 6, nos. 3-4 (1989): 83.

population. These basic needs will help provide some guideline for all who engage in pastoral care with the aged.

List of Basic Human Needs

- 1) Need for affection, friendship and recognition as an individual.
- 2) Need for assurance, understanding, and a sense of belonging.
- 3) Need for a sense of basic self-esteem and personal worth.
- 4) Need for a sense of forgiveness and assistance in handling various guilts and other negative feelings.
- 5) Need for a sense of meaning, purpose, and “summing-up” of life.
- 6) Need for a hopeful future.
- 7) Need for assistance in making transitions and adjusting to institutional life.
- 8) Need for assistance in coping with physical and mental changes.
- 9) Need for assistance in handling personal crisis situations.
- 10) Need for assistance in handling bereavement and feelings of guilt or loss.
- 11) Need for participation in meaningful group experiences.
- 12) Need for a sense of independence, self-control, and self-direction.
- 13) Need to give affection and to give self in service and creativity.
- 14) Need for continuing growth, mentally and spiritually.
- 15) Need for assistance in developing appropriate patterns of self-advocacy.
- 16) Need for continuing contact with the religious community outside the institution.²

This is indeed a formidable list of guideline for us to remember as we care for the elderly, but it will help if we realize that a number of the specifics mentioned in this list are common to us all. They are the very things that we all need in life. If we stop and think about it, there are very few things on this list that are age-specific. We often take these things for granted and the sad part is that these are the things that the elderly sometimes do not have.

² Submitted by Thomas F. Kennedy, Chaplain, cited by Tilberg, Fullness of Life, 169.

Social isolation is one result of these needs not being met. Tanya Johnson and Thomas Robb in writing about isolated older people listed the common factors in this segment of the elderly population:

- 1) They feel helpless in the face of transition in their lives.
- 2) They have limited access to support networks.
- 3) With sustained isolation they will become increasingly hidden from the outside world.
- 4) Personal support can help bring them back to the community. The isolation of older persons may be triggered by reduced physical capacity, reduced mental capacity, reactions to elder care, responses to vulnerability, relational loss, residential change and reduced financial resources. These are the seven "R's" of social isolation.³

Adequate pastoral care can help those who are overwhelmed by the seven "R's" and are vulnerable to social isolation to alleviate their feelings of helplessness and bring them back into the community. Pastoral care can provide a support network for these individuals so they feel less alone and more able to cope with the changes in their lives. "Quality aging is possible even among the physically infirm and mentally limited, providing they are given the necessary support to remain involved in community life."⁴ This is true of the elderly living in the community or those living in some kind of care facility. The care and support of a pastoral caregiver can help end the "feelings of loneliness and uselessness affecting the

³ Tanya Johnson and Thomas B. Robb, "Reaching Out to Isolated Older People," in Older Adult Ministry: A Resource for Program Development, eds. James A. McDaniel, Thomas B. Robb, and Lorraine D. Chiaentone (Atlanta: Presbyterian Publishing House, 1987), 108.

⁴ William E. Hulme, "Quality of Aging," Journal of Religion and Aging 1, no. 2 (Winter 1984): 61.

isolated older person and are two of the most debilitating spiritual conditions affecting the aged.”⁵

What is it that is unique about pastoral care as opposed to any other kind of caregiving? Earlier, we defined pastoral care as being the care given as a representative of the Christian community. Does this make a difference to the elderly? The question really is, does religion and being part of a community of faith really matter to the elderly? According to W. Andrew Achenbaum: “Religious concerns, in fact, are quite prominent in late life. A 1958 Bureau of the Census survey indicated that less than three percent of all respondents over sixty-five reported having no religious preference.”⁶ Philip Hammond wrote: “older individuals are more likely than those younger to: 1) read the Bible at home, 2) pray in private, 3) be able to name correctly selected books of the Bible, 4) believe in immortality, 5) report the personal value of religion, 6) favor teaching religion in school, and 7) feel the world needs religion more than economic security.”⁷ Considering this information, it becomes clear that religion and religious beliefs are important to the elderly. Even those elderly who are not innately religious “develop potentials which need to be sponsored in a religious

⁵ Hulme, 61.

⁶ Achenbaum, 100.

⁷ Philip E. Hammond, “Aging and the Ministry,” in Aging and the Human Spirit, eds. Carol LeFevre and Perry LeFevre (Chicago: Exploration Press, 1981), 146.

atmosphere.”⁸ It is still not clear exactly how religion affects life satisfaction, but research in recent years indicates a positive correlation between an elderly person’s psychological well-being and his or her religious involvement.⁹ Other studies done in recent years show that older adults who engage in religious activities exhibit higher morale ratings than those who are less religious and that religious activities or beliefs are the predominant coping behaviors of the elderly.¹⁰ There is also evidence that the elderly remain interested in maintaining their connections with their congregation even when they can no longer attend regularly. It is the churches that are slow in responding to these needs of their older members.¹¹ In his book The Church’s Ministry with Older Adults, Blaine Taylor writes:

Worship underlies the essentials of life and certifies its meaning and value. . . . If individuals are denied even for a short period, participation in worship, that ritual of life which celebrates faith and love, they lose touch with the source of their serenity and their meaning as persons.¹²

⁸ W. Paul Jones, “Aging as a Spiritual Process,” Journal of Religion and Aging 1, no. 1 (Fall 1984): 16.

⁹ Achenbaum, 100.

¹⁰ David C. Morris, “Church Attendance, Religious Activities, and the Life Satisfaction of Older Adults in Middletown, U.S.A.,” Journal of Religious Gerontology 8, no. 1 (1991): 86.

¹¹ Achenbaum, 107.

¹² Blaine Taylor, The Church’s Ministry with Older Adults (Nashville: Abingdon Press, 1984), 49.

As was discussed earlier, in order to meet the needs of our elderly, churches and congregations must make every effort to enable them to remain connected to the church and the church community to the extent they are able. Many of the practical aspects of this kind of ministry were mentioned earlier such as providing transportation and removing physical barriers.

There is a mandate for the churches to make every effort to investigate the needs of their elderly members and other elderly persons and to work toward meeting those needs.

A preliminary analysis of data being gathered as part of Fordham University's Third Age Center studies of the church and aging indicates that churches are more likely to interact well with their older members if they do so out of a principled, deliberative commitment, rather than a hit and miss approach.¹³

An intentional ministry is called for in all aspects of ministering to the elderly. For too long, the needs and problems of the elderly have been neglected because any ministry to them was done on a casual basis and primarily by the pastor. With the increased life span and the growing numbers of older persons in our congregations, a more comprehensive ministry is required.

Above and beyond encouraging and enabling the elderly to participate in the life of the church, there are other forms of ministry with the elderly that we need to consider here. The first is the ministry of visitation. This is especially

¹³ Charles J. Fahey, "Toward an Ethic for the Third Age," in Affirmative Aging: A Resource for Ministry, ed. Episcopal Society for Ministry on Aging (Minneapolis: Winston Press, 1985), 15-16.

important to the elderly members who are not able to attend worship or activities on a regular basis. It is important to them to know that they are cared for and not forgotten by the faith community. It may also be the only way for any special needs, problems, or crisis situations to be known by the pastor and the congregation. It is not so much what the pastoral caregiver does during the visit, it is the presence of a caring, compassionate person that is the vital element. "God's enrichment of our own lives is something that is felt in our ministry of presence, and that central aspect of lay pastoral care should not be buried under excessive emphasis on techniques."¹⁴ We may never know how much really being present means to those we visit. Not just listening to them, but really hearing what they are saying, understanding their feelings, and being there for them may make a significant difference in their lives.

Although technology can prevent, cure, or ameliorate many diseases and physical impairments, human support -- including personal assistance, encouragement, and compassion -- is important to restoring and meeting the ultimate goal of medical care: enhancing the quality of an individual's life.¹⁵

There is one aspect of this type of visitation that is sometime awkward or uncomfortable for the pastoral caregiver and that is prayer. Not all of us feel comfortable about praying aloud and are not sure when a prayer is appropriate in such a visit. Remember, though, we are the representatives of Christ's body in our

¹⁴ Stone, 76.

¹⁵ Cluff and Cluff, 98.

role as pastoral caregivers. We are not just visiting as neighbors or friends even though we might be that as well. We are coming from the community of faith as extension of that body and that belief system. Our presence is to offer spiritual as well as physical and psychological support. When in doubt about the appropriateness of prayer, ask. Most person's will tell you if they would like a prayer or not. Sometimes, the person will ask you to pray. Howard Stone in his book The Caring Church offers seven guidelines for prayer in pastoral care:

- 1) Prayer is not manipulation. It is best to use the format of The Lord's Prayer which incorporates the various forms of prayer -- such as praise and confession, as well as intercession and petition.
- 2) When praying, use the language of the person you are caring for and use a conversational tone.
- 3) Keep the prayer short.
- 4) When asked to pray, express your willingness and ask what concerns should be included. If the person is willing, he or she can begin the prayer and you end it.
- 5) Prayer can be used anytime in the visit, but it is most appropriate at the end or as a response to crucial points in the conversation.
- 6) Prayer is not always called for in a visit.
- 7) Keep your own prayer and spiritual life in order. Pray for those you visit privately.¹⁶

Keeping these guidelines in mind and experience will increase the comfort level of the pastoral caregiver.

Besides the ministry of presence, there are at least four other aspects of visitation ministry that should be mentioned. The first is that these visits are an appropriate time to engage the elderly person in spiritual considerations. If there are physical limitations that have curtailed the person's activities, he or she

¹⁶ Stone, 80-81.

undoubtedly have time and solitude which can be enriched by deepening their spiritual life. Some may need help or encouragement in making creative use of their time and solitude. Creative use of solitude can lead them to gain mastery of their lives. Otherwise, the solitude can lead to self-pity and depression. If they can be encouraged to use this solitude as a time of devotion and self-improvement, they will build spiritual character and happiness.¹⁷ According to Blaine Taylor:

- * They will build integrity - a discovery of self.
- * They will build gentleness and set aside fear.
- * They will build frugality, enabling one to be generous.
- * They will build a loving spirit, including the acceptance of self.
- * They will build humility, allowing increasing dependence on Christ.
- * They will build faith, revealing a trustworthy God.¹⁸

There are a number of ways the pastoral caregiver could help encourage this spiritual journey. One would be to regularly include a time of meditation or devotional reading in the visits. Another would be to form a group of elderly persons who would meet regularly for the purpose of mutual prayer, bible study, meditation or some other spiritual discipline. In this instance, the pastoral caregiver might well have to take care of transportation and other logistics that would enable the frail elderly to be part of such a group. A third way would be to provide books or audio tapes of devotional material for the elderly person. Depending on denominational affiliation, a pastoral caregiver could insure that the appropriate sacraments would be made available for those who no longer attend

¹⁷ Taylor, 97.

¹⁸ Taylor, 97.

worship services. Encouraging a regular time of prayer and contemplation is still another way the pastoral caregiver can foster a creative use of the older persons time and solitude. “One can consciously and deliberately become more dedicated to and skillful in the art of prayer. Paradoxically it is in prayer that one can become more intentional and deliberate as to how one will use his or her gifts, particularly those of one’s own personality and time.”¹⁹ It is this spiritual aspect that makes pastoral care unique. The other aspects of caregiving we will consider may well be involved in pastoral caregiving, but it is the ministry of presence and the spiritual concerns that separate the pastoral caregiver from all others who provide care to the elderly.

The next aspect of caregiving to the elderly that needs to be explored is that of facilitating problem solving or counseling. For the most part, lay caregivers are not trained counselors so if the pastoral caregiver feels that professional counseling is needed, a referral should be made or the pastor informed. One area of counseling that a lay pastoral caregiver can provide is to help the elderly person in problem solving. Cedric Tilberg lists four difficulties we need to be aware of in this process. The pastoral caregiver may be aware that there is a problem to be solved, a decision to be made, because of situations of loss or the distinct possibility that a transition must soon be made, but the older person may deny that a problem exists. This denial may be to self as well as to the caregiver. Even if

¹⁹ Fahey, 22.

there is no denial, the elderly person may respond to the situation with anger. Since they cannot afford to direct the anger at themselves, they may direct the anger toward family, friends, God, or the pastoral caregiver. This can be difficult to deal with and requires a great deal of patience remembering that the person is lashing out in pain. The third difficulty that may arise is that the older person may respond to the situation by withdrawal. They may be trying to protect themselves from further loss. When it comes to making decisions, they may focus on the past or on the future instead of dealing with the present issues. Finally, they may respond to the situation by becoming overly helpless and dependent. This can make it difficult to insure they remain as independent and self-determining as possible.²⁰ Despite these difficulties, it is often up to the pastoral caregiver to provide assistance and support in this problem solving area of counseling. Howard Stone sets out a five-step approach to deal with this situation:

- 1) Goals - First, we need to change the focus from the negative (problems) to the positive (goals). This includes long-term general goals and then short-term specific objectives that are easily obtained.
- 2) Resources - Then, using what we know about the person and their situation, we need to help with an inventory of internal resources (inner strengths and skills, past successes in problem solving, special abilities, methods of coping, etc.) as well as external or environmental resources that can aid in solving the problem. It is also the function of the caregiver to help the person see how these resources can be used.
- 3) Alternatives - This is the time to brainstorm all the possibilities available with the elderly person taking as much responsibility in this process as possible. All possibilities, no matter how far fetched should be written down. Then the list should be narrowed to those that are the best and most likely to succeed.

²⁰ Tilberg, Fullness of Life, 166.

- 4) Commitment to Action - Once an alternative is selected, the elderly person needs to make a commitment to acting on the decision. It helps if there are easy, attainable steps to accomplishing the chosen goal. If there is resistance to any action, it may mean a referral to a professional is in order.
- 5) Review and Refinement - There needs to be constant evaluation of the effectiveness of the new steps. The goals may need to be changed if they appear to have been unrealistic for the person and his or her circumstances.²¹

If the elderly person is motivated, this process should help clarify their situation, bring about a decision, and give them a method of reaching their goal. If, however, any of the difficulties arise that Tilberg mentioned, it would certainly be appropriate to consult with other pastoral caregivers and most especially with the pastor. We can sometimes be too close to a situation and insight from others can help us see things more clearly. There is always the possibility that a referral to another group or organization is what is required in this particular situation.

Another aspect of ministry with the elderly that the pastoral caregiver may be involved with is the life review process. Anyone who spends much time around the elderly must realize that they often are speaking of events out of their past. This reminiscing or life review is a process on the part of the elderly person to make meaning out of his or her life. This review of life experiences and conflicts can either lead to the resolution of conflicts and facilitates the evolution of serenity, wisdom, and courage, or to such late life disorders as guilt, depression, and despair.²²

²¹ Stone, 86-89.

²² Robert L. Randall, "Reminiscing in the Elderly: Pastoral Care of

The role of the pastoral caregiver in facilitating this process is threefold.²³

The first aspect to consider is that of “story listening.” It is important that the listening be done in an attentive and empathic attitude. This kind of listening “enhances the self-esteem of the individual, or soothes and calms the individual.”²⁴ The second aspect is that of “story stimulator.” In many cases this might not be necessary, but for some elderly, it is difficult for them to expose themselves in this way. They may be fearful of rejection, suffering from a chronic brain syndrome, or suffering from depression. It may require “gentle and genuine interest over a period of time”²⁵ to stimulate them into the storytelling process. Even then, one may hear the story in fragments which will require the pastoral caregiver to hear what is behind those fragments. The third aspect is that of “story enhancer.” The pastoral caregiver can function in this way by helping the person focus on the story and by affirming the meanings that they are giving to their lives. It may also be necessary to provide reinterpretation of the way in which they perceive some aspect of their story in ways that will enhance their self-esteem and self-cohesion. It is in this aspect of the role of facilitator that the pastoral caregiver can interpret life experiences and issues in a theological context. Many elderly need a real

Self-Narratives,” Journal of Pastoral Care 40, no. 3 (September 1986): 208.

²³ Randall, 212-15.

²⁴ Randall, 213.

²⁵ Randall, 214.

assurance of God's love and forgiveness when attempting to make some meaning out of real or assumed past mistakes and failures. They need to know that they are accepted and loved, a child of God, no matter what mistakes they have made and despite their frailty and apparent loss of usefulness.

The final aspect of general ministry or caregiving to the elderly we are going to consider is that of engaging the elderly themselves in ministry to others. Earlier, this was mentioned briefly, but we need to focus on the importance of this role of the church and the pastoral caregiver in the lives of our older persons. "Old age may be a time in which there are reduced expectations for either a distant future or present productivity, but the creative possibility of the *now* remains a viable structure."²⁶ The church is in a unique position as a corporate fellowship to not only relate to the elderly and minister to them, but to also engage them in ministry themselves.²⁷ There are so many opportunities for ministry within the range of church and congregation activities, at all differing levels of activity, that nearly all elderly persons could realistically be encouraged to engage in some form of ministry. According to William Clements:

The anticipation of something achievable in the immediate future can give an old person a greater opportunity to participate in the process of growth which is integral to directivity. Old age can become, instead of a stagnant pool, a major stage of radical freedom in which expectations and

²⁶ William M. Clements, Care and Counseling of the Aging, Creative Pastoral Care and Counseling Series (Philadelphia: Fortress Press, 1979), 24.

²⁷ Tilberg, Fullness of Life, 170.

choices encourage new life to emerge.²⁸

It is important for all of us no matter at what age to feel useful, to feel we are doing something constructive to help others. This is basic to our self-esteem. It is, however, important to make it clear to the elderly person that it is not so much what they do but why they are doing it that makes their work creative and meaningful.²⁹ When dealing with the frail elderly, there are often physical or mental limitations that impact the type and extent of their ministry. These limitations do not make their ministry any less useful or important to others than any other ministry.

Perhaps an example of someone who was severely limited, but still engaged in a powerful ministry would be valuable at this point. This author's great aunt was a woman who was wheel chair bound by the time she was thirty years old with rheumatoid arthritis. Her name was Martha. For years, she never was able to leave her house. She was not even able to use a telephone. Her hands were so deformed by the disease that about all she could do was feed herself and that was difficult. When her youngest granddaughter was school age and learning to print, she taught her grandmother to print as well. They devised a way of holding a pencil that was unorthodox, but it worked. At this time, Martha had not been able to write for over twenty-five years. Once she had mastered writing again, Martha collected the names of other homebound persons like herself. She got names from

²⁸ Clements, Care and Counseling, 25.

²⁹ Missinne and Willeke-Kay, 54.

everyone she knew. Over time she had collected the names and addresses of eighty homebound persons. For the remainder of her life, Martha wrote notes to each and every one of these persons each month. Her notes were cheerful, filled with observations about life in general, and jokes and quips she collected from television and writing. Now, Martha was someone who was entirely dependent on others for even the most basic and personal care, yet she brought some caring and cheer into eighty other lives every month for years. This is a true ministry and it gave her life meaning.

In a poem, Abraham Heschel made this point so well. He wrote that the elderly need a vision, not just recreation. They need a dream, not just a memory. The three things needed to give life significance and meaning are “God, a soul, and a moment.” He finishes the poem with the line: “Just to be is a blessing, just to live is holy.”³⁰ This says it all.

Semi-Independent Living Arrangements

There are many elderly well into their 80s and 90s who can live semi-independently. They may be frail and/or have some chronic disabilities, but with assistance they can maintain at least some degree of independence. Besides their physical and mental conditions, this ability to remain somewhat independent is determined by their support networks and their financial resources. If they have family and friends who assist them or have the resources to pay for needed

³⁰ Heschel, 44.

services, the need for a total care facility can be at least postponed if not avoided completely. There has already been a brief discussion of the various types of living arrangements that fall into this category. Some require a major transition in the elderly person's life and others do not. This section examines the special needs of those elderly living in various types of semi-independent living arrangements and the opportunities for pastoral care in these circumstances. It begins with those living arrangements in which the transition is more gradual and less traumatic.

Living at Home with Assistance

For many elderly, this is the ideal solution for their later years. They can live in familiar surroundings with all of their belongings around them. The neighborhood and the people are familiar. Many older couples manage to live this way and even those who are alone manage if they have either informal or formal support services. Because these persons have not had to make a major transition, they are often neglected by the church. These are the ones who just stop coming and are forgotten. Despite the fact that they remain in their own homes, they are still experiencing the other losses associated with aging -- health and stamina, family, friends, etc. A ministry to this sector of the elderly population has many possibilities.

Even those older persons who have family support can have unmet practical needs as well as emotional and spiritual needs. Pastoral care to these persons

should include a consideration of the practical aspects of their lives. Blaine Taylor compiled a list of five appropriate functions the church can perform that can enable the elderly to remain on their own as long as possible:

- 1) The church can furnish continuing contact with persons living alone such as frequent visits and phone calls. A telephone reassurance program is also a possibility.
- 2) The church can furnish support services such as shopping, repair work, transportation, recreation, and so on.
- 3) The church can help the elderly person find housemates or roommates.
- 4) The church can help with matters of safety such as a security check on the house.
- 5) The church can help by getting those who live in the same neighborhood or apartment complex together for mutual help and support.³¹

This kind of support is very important to the elderly person. It is estimated that ten to twenty percent of all persons in skilled care facilities are placed there because they lack necessary support that can enable them to remain in the community.³²

Spiritual and emotional issues also require consideration. Support and help in dealing with their losses is a major part of this aspect of ministry. Preventing these elderly from becoming isolated as it becomes more difficult for them to get out is another area of ministry. Making sure they remain active in the life of the congregation is one way to do this. Fostering groups that will offer support and friendship to elderly persons living alone is important. One aspect of this could be to engage them in ministry to and with others. Helping them consider and prepare for a change in living arrangements may also be appropriate. This is particularly

³¹ Taylor, 103-14.

³² Cluff and Cluff, 101-02.

true if their health is failing or if the home or neighborhood is becoming unsafe for them. The pastoral caregiver must be there for them during times of loss and crisis. Most of all, we need to see them as individuals and respect them as persons of worth. We must not overprotect and take away their dignity, but we should do everything in our power to enhance the quality of their lives.

Shared Living Arrangements

This type of living arrangement where two or more elderly persons live together and share expenses is a wonderful solution for those who have no desire to be alone, but can remain fairly independent. There is companionship and support, but again there may well be unmet needs. As with those remaining in their homes with assistance, there may be a need for transportation or home repairs. There may be a need for assistance in locating the services they require. With two or more persons living together, there is less risk of isolation, but now the ministry is to two or more individuals. There is the possibility of conflicts arising between members of the household that a pastoral caregiver might have to handle. Helping them to clear the air and soothing ruffled feelings could be one aspect of ministry in this situation. Caution should be taken that the pastoral caregiver does not get caught up in the disagreement, however.

This type of living arrangement is successful as long as the parties involved can maintain some kind of a balance with their combined strengths and weaknesses. If one of the parties begins to fail or becomes ill or injured, the

balance is gone. Pastoral care could be of great assistance at this time. Temporary measures may be needed to keep the household together. There are also the fears and anxieties to deal with. If one of the household dies, there are the issues of loss and grief. Perhaps the surviving party has not only lost a friend and companion, but now may have to find other living arrangements. This can be a time when a great deal of support is needed.

Living with Family

This can be a wonderful solution for the elderly person who can no longer live in complete independence or it can be a disastrous situation for the elderly person and the family. Earlier we mentioned the various factors that need to be considered before the elderly person moves in with the family such as the personalities involved, the size of the house, needs of children or young people in the family, etc. Often the decision for an older person to move in with family members is made in a time of crisis, illness or death of a spouse. This is not a decision that should be made at times of extreme emotion. Careful thought and planning should go into the decision leading to this type of living arrangement. Pastoral care could be of benefit while the decision is being made. In times of extreme emotion, the presence and counsel of a pastoral caregiver could cause the parties involved to seriously consider the ramifications of this decision. Then, if all parties agree that this is an appropriate solution, the chances of it working out well are much improved.

Many times this is an excellent solution, at least for a period of time. If the family members are compatible and there is adequate room for each person to have his or her space, and there are no financial problems, the elderly person is in familiar surroundings with loved ones. There is still the trauma of giving up one's home. This loss and the grief that accompanies it must be supported and understood, but the move is less traumatic than a move to an unfamiliar place surrounded by strangers. Pastoral care can help and support both the elderly person and the family as they adjust to the new living arrangement.

One risk of this kind of living arrangement is that the older person will be protected more than is necessary by the family. This can either foster more dependence or cause anger in the elderly person. Jane Boyajian wrote:

We must balance protecting our elders from harm with honoring their autonomy as persons. It is so easy for someone caring for vulnerable persons to slip across the fine line between caring for others and "protecting" them from their own autonomy. Caring for others has to include respecting the person as a unique individual.³³

This is true of the family who is concerned and responsible for the elderly person. It is true for us as pastoral caregivers and it is true for society as a whole.

The unique element in pastoral care in this situation is that the pastoral caregiver needs to consider the family and their needs and wishes as much as those of the elderly person. It is not that the family should ever be disregarded by the pastoral caregiver, but in this situation, the care and support of both are crucial.

³³ Boyajian, 22.

Even in the best of situations, times of frustration, resentment, fear, or anxiety may come up. The elderly person may fear becoming a burden on their family. The family members may become resentful when more attention or care is needed than they expected. The pastoral caregiver could be of help in this situation just by being there and by having knowledge and referrals to services such as adult day-care facilities which may meet the medical, rehabilitative, and social needs of the elderly individual,³⁴ as well as giving the caregiving family member some time away.

As the elderly member of the household becomes more frail and becomes less functional, a whole new set of problems arises. The care the older person may have gotten to be more than the family can handle. The decision for the aged parent to enter a nursing home is a difficult one at best and may cause emotions such as guilt in the family and anger in the older person. This is a time when the presence of a pastoral caregiver can be especially helpful. The caregiver can assist in the decision-making, the moving process and the adjustment of the older person and at the same time, provide a caring and non-judgemental support for the family.

Board and Care Facilities

Living in a board and care facility is an option for some elderly. Ideally, it is a more home-like atmosphere. There are a variety of services offered in these homes. Some even allow pets which is a blessing to an elderly person who has to

³⁴ Barrow and Smith, 202.

leave their home and has a dog or a cat. There is often the option of bringing at least a few of their personal possessions with them into one of these facilities. Companionship is not a problem for those in one of these facilities since they are generally geared for several older persons. As with other elderly we have discussed, the pastoral caregiver is important in helping the older person adjust to the new living arrangement. There is also the need to help the individual maintain his or her ties to the church and congregation. This, as in the other arrangements, may include transportation, a barrier-free environment and so on. The one distinct aspect of pastoral care in these facilities is that of being an advocate. There is a great range of quality in these kinds of facilities and they have come under close scrutiny in recent years. It could well be within the role of the pastoral caregiver to be alert to any signs that the older person is not being adequately cared for or not being treated well. Too often, the elderly become victims as they have no support and no advocate. The pastoral caregiver may be the only one who can provide these services if the older person has no family or if the existing family lives at a distance and cannot observe the treatment and care the person is receiving. Regular visitation allows the pastoral caregiver to observe and make an assessment as to the condition and treatment of the elderly person. There may be a situation that can be corrected by calling it to the attention of those who run the board and care facility. A more serious problem should be reported to the pastor. The next step might well be to report the situation to the proper authorities and

encourage the elderly person to look for other living arrangements. Helping the person through the move would also be part of the caregiver's ministry.

Retirement Homes and Communities

A number of older persons living in retirement homes or communities are not the frail elderly. They are often those who would be classified the "young old." They live active and vital lives and have moved to these facilities for the convenience, security, activities, and companionship. It is while they are living here, however, that they may lose a spouse, experience failing health or loss of function in some way, and suffer other types of bereavements, family members, friends, etc. In other words, they may become the frail elderly while living in these facilities. Pastoral care to those living in retirement homes and communities is much like the pastoral care offered to any seniors in their own homes with one exception. They have already made one move. The fear and the risk is that they will have to make another move to a situation where they will be less independent. It is here that one recognizes that the decision to move from one living arrangement to another is apt to be repeated several times during the older years. Each move going in the direction of more dependence. While the move to a retirement community can be difficult in some ways such as leaving a familiar home and area and probably moving into smaller quarters so many possessions will have to go, this move is most often voluntary. The moves from this point on become more difficult. The pastor or pastoral caregiver may be involved in the

decision-making and adjustment several times with the same person. The decisions and the moves do not get any easier. Each time the elderly person must face a move, it is because he or she is facing more limitations and more dependency.

Total Care Facilities

There are two major types of facilities set up to care for the elderly who are unable to live independently or even semi-independently. The first is the life care facility which has the unique arrangement of having several levels of living arrangements available on one campus. Many of these facilities are set up to house and care for seniors that run the spectrum from fully independent to needing total care. The second option for total care is the nursing home or skilled care facility.

Life Care Facilities

At the maximum level of independence, a life care facility is much like a retirement community. There are certain conveniences, but the individual can live independently. Many have small homes or cottages, apartments, an intermediate care facility, and a skilled care facility all on the grounds. As mentioned earlier, the one disadvantage of these facilities is the cost involved. Otherwise, they are ideal for the older adult. With all levels of care available, one does not have to face a drastic move if there is a health problem or injury. There is also the option of moving from one level to another and back again if health improves. They do

not have to go to a strange place and be cared for by strangers. They can remain in familiar surroundings with friends near. There are instances when one of a couple requires a different level of care than the spouse. In these facilities, they can at least remain near one another. There is no problem of transportation and not being able to be with the infirm spouse. These facilities provide a number of widely varied activities and fellowship opportunities. They have transportation available for residents and schedule outings for specific purposes. Some have Chaplain on staff, part time at least, and provide worship services as well. In all actuality, they are a self-contained community. This can be an advantage, but it can also be a disadvantage if it causes residents to become isolated from the community at large.

There is still a need for churches to reach out to the residents of these facilities. Even if there is a chaplain on staff, it is still important for the residents to have connections in the wider community. If there is a chaplain, the pastor should establish a working relationship with that person. In an ideal situation, the chaplain would inform the pastors of local churches when a new resident of that denomination enters the facility or when any members of that congregation who live in the facility are in crisis. Pastoral care from the local congregation is still very important. The pastoral caregiver is a representative of that community of believers and can offer a support and care that is important in providing the feeling of belonging. The two services are not in competition. They are complementary functions and both are needed.

In those life care facilities where there is no chaplain, it is especially important for the local churches to reach out the residents. Many move into these facilities from other areas either because they like the facility or they have family near. Either way, many of the residents are cut off from their previous support. They are in a new place with new faces around them and adjustments to make. As in all the other living arrangements we have discussed, most of the residents have had to dispose of many of their personal possessions. Even if this is not a drastic reduction when they first enter the facility, with each move to less independent living within the facility, more will have to be disposed of because of space limitations. Ongoing pastoral care is very important to the residents of these facilities. Even though the moves are within the facility and there is a certain feeling of security and familiarity, they are still moves to more dependence on others. There are also continued losses of friends who either must move to a different level because of physical or mental loss of function, or the permanent loss through death. There are always some residents who are dealing with issues of grief. Grief support groups are particularly appropriate. The grief may be caused by the death of a spouse, a sibling, a child or a friend, because of giving up one's home, having to stop driving and so giving up a measure of independence, facing the loss of a major function such as eyesight or hearing, having a loved one incapacitated by a catastrophic illness, and the list goes on and on. There are particular needs for pastoral care when a move must be made to a higher level of

care. This is a loss that requires emotional and spiritual support in all circumstances. So, whether there is a chaplain on staff or not, there is still a tremendous need for pastoral care from the local congregations.

Skilled Care Facilities

The move to a skilled care facility or nursing home is the most traumatic move of all. It is the move into being completely dependent on others for one's most basic needs. This is a move that is a result of failing health and an inability to function independently. "In 1980, 1.5 million elderly persons were nursing home residents and this is projected to increase to 5.2 million by 2040, a 250 percent increase. For the population aged 85 and above, a 400 percent increase is predicted."³⁵ Even though our health care in this country has come a long ways in improving health care, there is still often a period of dependency and a need for specialized care toward the end of life and the tendency is for this time to become longer.³⁶

We are dealing here, then, with an increasing number of our elderly facing admission to a nursing home and facing a longer period of time in the institution. With this move comes a perception of loss of control and the deepest part of the self is shocked and threatened.³⁷ "Whatever the benefits of physical care, the

³⁵ Rosenwaike, 222.

³⁶ Rosenwaike, 117-18.

³⁷ Henry C. Simmons, "Teach Us To Pray: Pastoral Care of the New Nursing Home Resident," Journal of Pastoral Care 45, no. 2 (Summer 1991): 170.

human spirit is likely to be stirred by anger towards one's family and God, a sense of uselessness, and a highly personal and threatening loneliness."³⁸ How can we as pastoral caregivers help these elderly persons adjust to this institutional environment and deal with the anger, the sense of uselessness and the loneliness? In a study done by Lea Pardue on the spiritual needs of the frail elderly living in long-term care facilities, the nursing home residents themselves said that the answer was in prayer.³⁹ The ability to adapt to this kind of environment comes out of an internal spiritual struggle. Adjustment can be a difficult process and take some period of time. It is only after one has come to terms with this move that witnessing to others and corporate worship once again becomes important to the nursing home resident.⁴⁰ In light of this realization of the importance of prayer to the new nursing home resident, Henry Simmons came up with several suggestions for pastoral caregivers. First, the pastoral caregiver needs to understand the importance of prayer and the inner life in the adjustment process. Second, the pastoral caregiver needs to understand how difficult this process or re-creation of meaning of life is for the person. Third, the pastoral caregiver can address the subject of personal prayer and its importance and make it clear that it is valid

³⁸ Simmons, 170.

³⁹ Lea Pardue, "Models for Ministry: The Spiritual Needs of the Frail Elderly Living in Long-Term Care Facilities," Journal of Religious Gerontology 8, no. 1 (1991): 19.

⁴⁰ Pardue, 20.

outside of corporate worship. Finally, the pastoral caregiver must be able to deal with the person's anger toward God.⁴¹ While adjustment appears to be a solitary process, there is an important role for the pastoral caregiver. Ministry of presence is needed. Frequent visits, a smile, a touch, and understanding may be all we can do at first. Just to be there with and for the person may help the adjustment process.

Once the adjustment is made, there can be a more active role for the pastoral caregiver. The resident should be encouraged to remain as active as possible, should be involved as much as possible with other people both in and out of the facility, and he or she should be encouraged to continue with any positive activities or hobbies.⁴² Keeping them informed and in contact with their church and congregation is also important. Providing them with spiritual materials, tapes, conducting a Bible study, making sure that they have Holy Communion available if they desire it are all things the pastoral caregiver can do to enhance their quality of life. Music, such as old familiar hymns, can be very meaningful and even seem to reach those who suffer from some form of dementia and are mentally impaired. Little things like remembering a birthday, the anniversary of the death of the spouse, giving them additional attention on holidays which may be particularly lonely for them are meaningful to those whose lives have become very limited.⁴³

⁴¹ Simmons, 173-74.

⁴² Taylor, 115-16.

If they are physically able, arrange for them to attend worship services at their church from time to time. Also, investigate as to whether worship services are ever held in the facility. If they are not, see if there is some way such services could be held if local pastors would be willing to provide that service on a rotating basis. Finally, engage them in any ministry they are capable of doing. Just as with all other elderly, their self-esteem and feeling of usefulness benefits from serving others. They may be infirm and frail, but they quite possibly have a lot to teach us and to offer to others.

⁴³ Taylor, 116.

Chapter 6

Conclusion and Overview

There is so much to consider when attempting to establish a new ministry.

When dealing with the elderly in particular, the population being considered spans several decades in age as well as the entire spectrum of physical and mental health.

Within this range of ages and conditions, it must be remembered that each elderly person is a unique individual with a distinctive personality, needs and desires.

Even though there are some general assumptions that can be made about the problems the aged encounter and the needs they have, the truth is that the way one experiences old age is determined by a number of factors. It is dependent upon their physical and mental health, their basic personality, the experiences of their early life, and the circumstances of late-life events such as in when and in what order they take place and how they take place. Other factors include social support they do or do not receive, their financial situation, their living arrangements, their social roles, whether or not they receive religious support, and the recreation they engage in.¹

We have been called to service. Service is inherent in our Judeo-Christian heritage and faith. The service can take many forms. In this instance, this project

¹ Butler, 2.

has focused on Christian service in the form of ministry to the elderly. Ministry to the elderly is a ministry that is intentional in nature and requires a commitment of time, patience, and love. “Vocation, being called to serve, always requires the free response of a freely made decision to answer the call in accordance with one’s place in life, one’s opportunity, and one’s talent.”² Not all of us are called to this particular ministry. Our talents, interests and abilities may be better suited to other forms of ministry. For those of us who feel called to a ministry of pastoral care to the elderly, especially the frail elderly, there will be many challenges, some grief, and a great deal of joy.

The foundation of all pastoral care is relationship. It is from this base that all care is offered and received.³ It is in establishing a relationship with another that we really learn to care and to trust. Therefore, it is important for those of us offering pastoral care to others to have some guidelines to follow and some knowledge of the skills that go into building a relationship. Howard Stone, in his book The Caring Church, talks about three necessary skills: attending behaviors, listening, and responding.⁴ It would be wise for us to examine each of these skills in more detail. By attending behaviors, Stone means those physical, nonverbal ways in which a pastoral caregiver can communicate that they care about the

² Becker, 85-86.

³ Stone, 42.

⁴ Stone, 43-55.

elderly person. He lists five ways in which this can be done. First is symbolic nourishment. We can offer food and drink, some kind of refreshment. This is a universal symbol of care and nurturing. Second is posture. This is the body language that says "I care" and "I'm interested in what you have to say." Third is touching. There are many times when a touch will show more care and concern than any words one can say. There are times when there are no words and all we can do is touch. The fourth is eye contact. It is very difficult to be open and talk to someone who is looking everywhere but at you. Keep good eye contact with the person. The fifth attending behavior Stone lists is environment. This cannot always be ideal, but we should attempt to make it comfortable and relaxed. This communicates stability, openness and confidentiality.

Listening is the second skill Stone talks about. In any pastoral care, this is probably the most important skill. He gives several factors that go into the listening skill. First, allow no distractions. Make sure your attending behaviors are appropriate to what is being talked about and what the person is saying. Facial expression is part of this. A big smile or laugh is not the appropriate response to the story of some sad event in the person's life. Another part of this skill is to know what you are listening for. There is generally more to what is being said than appears on the surface. You want to listen for the cause behind the problem, the person's feelings, and for any clues on what has already been tried to solve the problem. It is very important to be non-judgemental and to be patient. Let the

story evolve. There may be long pauses. Also, listen for recurring themes. The themes may be important in being able to really understand the situation.

The final skill is responding. Stone gives both do's and don'ts in being able to respond in the most positive and productive manner in a pastoral care situation. First of all, don't give advice, at least not too soon. Don't give reassurance when you cannot even know the outcome. Platitudes are not appropriate. Responses should be specific, clear, and individual. Never ask closed-ended questions; questions that can be answered with a yes or no. Don't ask more questions than absolutely necessary, but when you feel a question is necessary, make sure it is an open-ended question that will encourage the person to continue with what he or she is saying. Don't make evaluative statements. Be especially careful not to blame. Finally, don't interrupt, argue, or get sidetracked onto your own problems. Probably the best way to respond is in mirroring. This is simply reflecting back the essence of the feeling and content of what the person has been saying. This can be done in just one or two sentences. This requires some practice but it works well to clarify what is being said and also to allow the person to move to a deeper level of communicating.

When working with the frail elderly, these skills are very important. Some frail elderly suffer from memory loss or confusion. It is crucial to listen very carefully and respond appropriately in order to encourage them to continue. When elderly persons are aware of their loss of memory or realize that they are not clear,

they become frustrated and self-conscious very quickly. If the pastoral caregiver shows any signs of boredom or impatience, the conversation will end and perhaps, any chance of a relationship will end as well.

A pastoral caregiver to the frail elderly is often called on to fill several roles in the person's life. First and foremost, a pastoral caregiver is a representative of Christ's body in this world and as such brings the knowledge of God's love and grace into the caregiving situation. Sometimes, the pastoral caregiver functions in assisting in a problem solving process or decision making process. Other times, the pastoral caregiver functions as a spiritual director or spiritual friend. The role of caring and compassionate friend is still another role for the pastoral caregiver. Acting as an advocate or mediator is also a possibility. There are probably as many functions and roles to fill as there are persons in need of pastoral care. All of these roles and functions have a common thread, however. They can and should assist the elderly person in enhancing the quality of his or her life, physically, emotionally, and especially spiritually. William Hulme gives us five aspects of quality aging which we as pastoral caregivers should keep in mind.⁵ The first is that even though aging is accompanied by losses, the losses themselves can provide a means for gain. Spiritual growth can take place in the grief and adjustment to loss. The second aspect of quality aging is that in the aging process, a person can become increasingly free from the cultural pressures to live up to

⁵ Hulme, 56-57.

certain images which we have come to think of as proving our worth. Our worth comes from being a child of God and is not something that can be earned or should have to be proven. If we no longer feel we have to prove ourselves, we have the freedom just to be. The aging process also allows for the possibility of engaging in pleasure for its own sake. We can get greater enjoyment out of our lives. The aging process allows relationships to mature. The caution and need for restraint are not as important. The aging person can become “freed up” with people.⁶ The fifth aspect of the aging process is that it can deepen the insight into spiritual realities. As we age the need for trust and inner serenity rises in the scale of values. Prayer practices become more important to us and the idea of eternal life means more both as a future hope for ourselves and as a present experience.⁷ As pastoral caregivers to the aged and the aging, it is helpful to see the positive aspects of the aging process. It should help us to be able to open up these possibilities to those elderly for whom we care.

The preceding chapters have touched on a number of issues concerning the elderly and the frail elderly in particular and the role of the pastoral caregiver with this population. There are several features that need repeating. First, the number of elderly in our society and in our churches is increasing at a rapid rate. The needs of this portion of our population are extensive and varied. There is a

⁶ Hulme, 57.

⁷ Hulme, 57.

tremendous need for churches to reach out to the elderly in an intentional ministry that takes these needs into account. The hit and miss ministry of the past was probably never enough, but it certainly is not enough now. The need is for a ministry on several levels. It should be a valid ministry to the physical well-being of the aging person. It should address the emotional welfare of the elderly person and those whose lives are also affected as the person becomes more frail and dependent. More than anything else, this intentional ministry with the elderly should be aware of the spiritual needs of the elderly, see the potential for spirituality that is in them, and empower them to engage in spiritual growth.

Prayer and meditation, solitary reflections, and introspection all provide a means of finding one's true feelings and values, searching one's heart and soul, communicating with God and listening for God's messages, finding one's place in the universe, and achieving what Buhler calls "the integrity of the inner self." Time spent reflecting upon life's meaning and purpose and our place in the scheme of life leads to a sense of personal integration and direction, self-understanding, and fulfillment.⁸

Instilling a hope for the future, enabling the aged to make meaning out of their lives, and bringing the awareness of God's unconditional love, grace, and forgiveness are the goals of this ministry. On a broader level, this ministry should confront those issues such as ageism, radical individualism, and indifference that damage the lives of our aged persons. This is a holistic ministry; one that cares for the whole person. It is this kind of care that is needed. This is what we commit

⁸ Nancy J. Osgood, "Leisure and Learning: A Spiritual Perspective," in Affirmative Aging: A Resource for Ministry, ed. Episcopal Society for Ministry on Aging (Minneapolis: Winston, 1985): 113.

ourselves to if we engage in this kind of pastoral care. “The challenge of care for the elderly is that we are called to make our own aging self the main instrument of our healing.”⁹

⁹ Nouwen and Gaffney, 117.

Appendix A

Organizing a Ministry

The first element involved in the organization of an intentional ministry to the elderly is to be convinced it is necessary and committed to the formation of a trained pastoral care team. This will involve time and effort, but the benefits to the elderly will be worth all the effort involved. This ministry will require continued commitment on the part of the pastor. The lay pastoral caregivers will need continued support and the pastor plays an important role in the ministry itself. The second element involved is that the congregation needs to realize the importance of this kind of ministry. Here again, the role of the pastor is crucial. Whether it takes place in groups, seminars, sermons or any other workable means, the congregation needs to be educated on the necessity for a ministry to the elderly. The focus in the churches has always been on young people and young families to the point that the elderly as well see that as the valid ministry of the church. While it certainly is a valid ministry, a ministry to the growing number of elderly is just as valid.

Once the program of education is underway, the time comes for recruitment. Given the time constraints of people today, this may not be easy. This is a ministry that will require some time. One fertile area for recruitment, however, is with the active retired group. The pastor or other person responsible for organizing the ministry needs to be conscious of the personalities of those who might volunteer. This may not be the ideal ministry for everyone. Confidentiality

is a must and something one must consider in recruitment. There may be some who are in too much stress at the moment to be able to fully relate to others. The person in charge will have to determine the appropriateness of this ministry for some members of the congregation.

An organizational meeting should come next. The size of the group and the number of elderly in need of care will help determine the type of organization needed. In all cases, there should be one person in charge. Members of the pastoral care team need to have someone to go to for advice and/or support. The pastor can assume this role if the number of team members is small. Even then, however, a lay person would be the most likely candidate for the position. The lay person in charge needs to feel free to call on the pastor when necessary. It would be the responsibility of the person in charge to assign a team member to the elderly in need of pastoral care. The team members could also be set up in teams. This might give them support when they first begin their ministry and it might continue to give them a "buddy" for debriefing and support even when they feel more comfortable in their role as a pastoral caregiver.

Training is essential. At least six training sessions are recommended. Five sessions would deal primarily with a chapter from the book plus additional assignments outlined in Appendix B. The final class session, an additional session, or a Sunday worship service could include a service or liturgy consecrating the team members for their new ministry. Once training is completed

and team members have been assigned to elderly members of the congregation, a meeting once a month for the group is still a good idea. Team members may encounter a situation or a problem they would like to present for the input of other team members. There could be presentations by funeral directors, lawyers concerning the legalities of a living will, visiting nurses, or other professionals who work with the elderly. Since team members will probably form a close community during the period of training, an occasional social meeting might provide a different kind of support for them. Periodic updates on services offered in the community should be given to each member.

Over time, some team members will be unable to continue in the ministry and the number of elderly needing care may increase, so periodic recruitment and training are needed. Otherwise, a viable ministry can eventually fade away. The number of elderly and their need for pastoral care will not go away, so there has to be a program in place to keep the ministry going.

Most of all, enjoy your new ministry. The challenges are great. Creativity is necessary. This is truly a ministry with the elderly. You will receive as much as you give and perhaps even more.

Appendix B

Study Guides

Suggestions for Special Projects

1. One or more team members will interview the director of a living facility for the aged and report to the other members at a training session. The report should cover the physical and mental status of the residents of the facility, application procedures, if there is a waiting list, cost on a monthly basis and what that does or does not cover, if there is or is not a religious program of some kind in the facility, what types of activities are offered to the residents, are there medical personnel on staff, and any other questions that seem appropriate to that facility. (If the team is large enough, several team members reporting on different levels of care would be ideal.)
2. At least one team member should investigate the supportive services available in the community that would enable an elderly person to remain in his or her own home and give a report at a training session. This should include such information as cost and how to apply for the services. (A complete listing should be compiled and given to each team member by the person in charge.)
3. During one training session, have a brainstorming session on possible forms of ministry the church could engage in to assist or enhance the lives of the elderly. For example: autobiography groups, a telephone reassurance program, a transportation and escort service, and so on.
4. Discuss the physical plant of the church and if it is or is not accessible and comfortable for the elderly. If there are barriers, what can be done to correct them?
5. Are the elderly in your church encouraged to remain active in the congregation and in ministry to others? Discuss ways in which the talents and skills of the elderly would benefit the church and congregation. Brainstorm ways in which the elderly, even those who are frail and homebound, can engage in ministry to others. Be creative!
6. Invite professional persons who work with the elderly or in some area that impacts the lives of the elderly to give a presentation on his or her particular field. There could be a presentation on the benefits and limitations of Medicare, on living wills, on how to assist a family plan a funeral, etc.

7. Compile a list of the elderly in your church, particularly those who are becoming less active. Make an introductory phone call or visit.

8. Practice attending behaviors, listening and responding in a role play situation.

Chapter Study Guides

Discussion Questions for Chapter 1

1. Discuss the impact of an aging population on society in general and on the church in particular. Are there changes that society and the church need to make to accommodate this growth in the aged population?

2. Have our lives been impacted by more and more people living to much older ages? Do we have aging parents and how will we handle the situation when they can no longer live independently? What will it be like for us when we are aged and in failing health?

Discussion Questions for Chapter 2

1. Discuss the ramifications of the concept of "Deaconhood of all believers." What is the difference between this concept and the concept of "Priesthood of all Believers?" Does it have to be one or the other or can both apply to us as Christians?

2. What is ageism? How do we see this attitude in our culture? How do we see it in our church? What effect does this attitude have on the elderly? What can we do to combat ageism in this church and in this community?

Discussion Questions for Chapter 3

1. How do the losses experienced by the elderly differ from the losses we all experience? How can we help the elderly to experience hope and find meaning in their lives in times of loss and grief? What is hope? What makes life meaningful?

2. How do we feel when we think of our own aging and death? Are the frail elderly a constant reminder of the inevitable in our own lives? Or are they a reminder of the indomitable spirit and the will to live?

Discussion Questions for Chapter 4

1. How do we feel about our homes? Are they an expression of ourselves? How would we feel to have to give up our homes and personal possessions?
2. What importance does the ability to choose and make decisions about our own lives have to us? How would we feel to have this ability to control our lives taken away from us? How can we help the aged to have more say and more control in their lives?

Discussion Questions for Chapter 5

1. How important is belonging to a Christian community in your life? Can personal spirituality replace corporate worship in your faith journey? Do you need both? Are there practical measures we can take to insure the elderly have the opportunity to experience both?
2. Have you ever visited a nursing home? How did it affect you? What did you see? Were the smells a problem for you? What can we do to make God's love and presence known to residents in a nursing home? What can we do to brighten their lives in other ways?

Discussion Questions for the Final Session

1. Discuss any aspects of this ministry that you are not comfortable with or that concern you. Do you feel comfortable in the role of pastoral caregiver? How do you feel about praying out loud with someone? How do you feel about touching others?
2. How is the death of one of the elderly you visit going to affect you? Do you feel prepared to be with and assist the surviving spouse or other family members?
3. Has this training helped you in dealing with your own aging? Or, has it made you more anxious about growing old? Do you see any measures you can take now to enhance your own later years? If so, what?

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